2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015721

Name:

Address:

City-St-Zip:

Entity Name: DREAMLINE MORTGAGE, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5649 NW CROCUS AVE 8493 SOUTH U.S. 1 HIGHWAY PORT ST. LUCIE, FL 34986 PORT ST. LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 5649 NW CROCUS AVE PORT ST. LUCIE, FL 34986 FEI Number: 73-1727029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORIN, KENNETH 5649 NW CROCUS AVE PORT ST. LUCIE, FL 34986 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (X). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GORIN, KENNETH Name: Name: 5649 NW CROCUS AVE Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: () Change (X) Addition MAMONE, SCOTT Name:

Address:

City-St-Zip:

2760 SE EAGLE DRIVE PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN GORIN D 04/15/2009