2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068446

Name:

Address:

City-St-Zip:

Entity Name: DREAM BELIEVE INSPIRE, CORP.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10025 MONAGUE STREET 10025 MONTAGUE STREET TAMPA, FL 33626 TAMPA, FL 33626 **Current Mailing Address: New Mailing Address:** 10025 MONAGUE STREET 10025 MONTAGUE STREET TAMPA, FL 33626 TAMPA, FL 33626 US FEI Number: 20-2961681 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: RAMPS, JOSE'S RAMOS, JOSE'S 2344 CRESTOVER LANE, BLDG #7 2344 CRESTOVER LANE. BLDG #7 WESLEY CHAPEL, FL 33544 WESLEY CHAPEL, FL 33544 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: JOSE'S RAMOS 04/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: SANTOS, SELMA SANTOS, SELMA Name: Name: 10504 ROCHESTER WAY 10025 MONTAGUE STREET Address: Address: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: () Delete Title: VΡ () Change (X) Addition Name: Name: MORAIS, CARLOS 10025 MONTAGUE STREET Address: Address: TAMPA,, FL 33626 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition MORAIS, CARLOS Name: Name: 10025 MONTAGUE STREET Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

LEITE, ANA

TAMPA, FL 33626

10025 MONTAGUE STREET

SIGNATURE: SELMA SANTOS P 04/30/2009