

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000092404

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** FLORIDAZDREAMHOMES, INC.

**Current Principal Place of Business:**

482 ZUREIQ PT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

482 ZUREIQ PT  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 38-3724447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEELLINGS, JAMES  
482 ZUREIQ PT  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D,T  
Name: KEELLINGS, CYNTHIA  
Address: 482 ZUREIQ PT  
City-St-Zip: OVIEDO, FL 32765

Title: D, P  
Name: KEELLINGS, JAMES W  
Address: 482 ZUREIQ PT  
City-St-Zip: OVIEDO, FL 32765

Title: D.VP  
Name: EVANS, GEOFFREY  
Address: 182 AZALEA DR.  
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 all other like empowered.

SIGNATURE: JAMES KEELLINGS

D,P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date