2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108349

Entity Name: DREAM DESIGNS EMPIRE INC

FILED Apr 27, 2009 Secretary of State

Littly Nai	IIIC. DREAM	DESIGNS LIVIFIKE, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
9803 U.S. HWY 301 WILDWOOD, FL 34785			1715 CR 202 OXFORD, FL 34484		
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
9803 U.S. WILDWO	HWY 301 DD, FL 34785		1715 CR 202 OXFORD, FL 34484		
FEI Number:	: 26-1159338	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:		
4422 NE 8 WILDWOO	N BARLEY, P./ B3RD ROAD DD, FL 34785 a named entity e of Florida.	US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, D (RICHARDSON 1715 C.R. 202 OXFORD, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RICHARDSON 1715 C.R. 202 OXFORD, FL		Title: Name: Address: City-St-Zip:	() Change () 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.

SIGNATURE: STACY RICHARDSON P 04/27/2009