

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017165

Entity Name: DREAM WORX CHOPPERS INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

2016 CASSAT AVE.  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

## Current Mailing Address:

542 WEST 19TH STREET  
JACKSONVILLE, FL 32206

## New Mailing Address:

2016 CASSAT AVE.  
JACKSONVILLE, FL 32210

FEI Number: 26-1980496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOUVATSOS, NICHOLAS JR.  
542 WEST 19TH STREET  
JACKSONVILLE, FL 32206 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KOUVATSOS, NICHOLAS JR.  
Address: 542 WEST 19TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KOUVATSOS, NICHOLAS JR.  
Address: 542 WEST 19TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

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: NICHOLAS KOUVATSOS, JR.

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date