2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043595

Entity Name: DREAM CARE, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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2650 N.W. 56TH AVE 1840 RUNNERS WAY

SUITE 212 NORTH LAUDERDALE, FL 33068 LAUDERHILL, FL 33313

Current Mailing Address: New Mailing Address:

2650 N.W. 56TH AVE 1840 RUNNERS WAY

SUITE 212 NORTH LAUDERDALE, FL 33068 LAUDERHILL, FL 33313

FEI Number: 90-0365404 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:

CINORD, MILEINE
2650 N.W. 56TH AVE
SUITE 212
LAUDERHILL, FL 33313 US

CINORD, MILEINE
1840 RUNNERS WAY
NORTH LAUDERDALE, FL 33068 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: 04/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 CINORD, MILEINE
 Name:

 Address:
 2650 N.W. 56TH AVE - SUITE 212
 Address:

 City-St-Zip:
 LAUDERHILL, FL 33313
 City-St-Zip:

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: MILEINE CINORD P 04/06/2009