

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072098

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** TWO LADIES DREAMING, INC.

**Current Principal Place of Business:**

5401 TAMARIND RIDGE DR  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

5401 TAMARIND RIDGE DR  
NAPLES, FL 34119 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WYNN, LORI  
5401 TAMARIND RIDGE DR  
NAPLES, FL 34119 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: PD  
Name: WYNN, LORI  
Address: 5401 TAMARIND RIDGE DR  
City-St-Zip: NAPLES, FL 34119 US

Title: V  
Name: SPENCER, SUE ELLEN  
Address: 2544 FIRST STREET #202  
City-St-Zip: FT. MYERS, FL 33901 US

Title: D  
Name: WYNN, THOMAS  
Address: 5401 TAMARIND RIDGE DR.  
City-St-Zip: NAPLES, FL 34119 US

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:** LORI J WYNN

PD

05/01/2011

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

\_\_\_\_\_  
Date