

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036787

FILED  
Apr 14, 2011  
Secretary of State

Entity Name: THE DREAM ZONE, INC.

**Current Principal Place of Business:**

414 N. MIRAMAR AVENUE  
INDIALANTIC, FL 32903 US

**New Principal Place of Business:**

**Current Mailing Address:**

414 N. MIRAMAR AVENUE  
INDIALANTIC, FL 32903 US

**New Mailing Address:**

FEI Number: 59-3319457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HART, CHERYL T  
414 N. MIRAMAR AVE.  
INDIALANTIC, FL 32903 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: PTD  
Name: HART, CHERYL T  
Address: 414 N. MIRAMAR AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: VD  
Name: NICHOLS, JAMIN A  
Address: 414 N. MIRAMAR AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: VD  
Name: NICHOLS, TEREN  
Address: 414 N. MIRAMAR AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: SD  
Name: NICHOLS-SHANKS, SHANA E  
Address: 414 N. MIRAMAR AVE.  
City-St-Zip: INDIALANTIC, FL 32903

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: CHERYL T. HART

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

PRES

04/14/2011

\_\_\_\_\_ Date