



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90013 031 \*\*\*150.00

DOCUMENT # P96000065344					
1. Entity Name NORTHERN DREAMBUILDERS CORPORATION					
Principal Place of Business 765 SUNSET VISTA DR FORT MYERS, FL 33919			Mailing Address 765 SUNSET VISTA DR FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # <b>6081 SILVER KING BLVD</b>		3. Mailing Address <b>6081 SILVER KING BLVD</b>			
Suite, Apt. #, etc. <b>UNIT 201</b>		Suite, Apt. #, etc. <b>UNIT 201</b>		02022007 Chg-P CR2E034 (12/06)	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>		4. FEI Number 65-0697592	
Zip <b>33914</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  HELD, DONALD J 307 NE GOLFVIEW CIRCLE STUART, FL 34996			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>6081 SILVER KING BLVD</b> <b>UNIT 201</b> City <b>CAPE CORAL</b> FL Zip Code <b>33914</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Donald Held</i></u> DATE: <u>3-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HELD, DONALD J 765 SUNSET VISTA DR FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6081 SILVER KING BLVD #201</b> <b>CAPE CORAL FL 33914</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HELD, JANET L 765 SUNSET VISTA DR FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6081 SILVER KING BLVD #201</b> <b>CAPE CORAL FL 33914</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Donald Held</i></u>			3-5-07 614-7918177 614-7279		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		