

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081005

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** DREAM DOLLS GALLERY & MORE, INC.

**Current Principal Place of Business:**

2155 INDIAN ROAD  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2155 INDIAN ROAD  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 65-0698468

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANSEN, JUDENE A  
2155 INDIAN ROAD  
WEST PALM BEACH, FL 33409 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: P, D  
Name: HANSEN, JUDENE  
Address: 6694 SOUTH CALUMET CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP,D  
Name: HANSEN, CHARLES F JR  
Address: 6694 SOUTH CALUMET CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: SECY  
Name: HANSEN, JUDENE A  
Address: 6694 SOUTH CALUMET CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: TREA  
Name: HANSEN, JUDENE A  
Address: 6694 SOUTH CALUMET CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

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: JUDENE A HANSEN

PRES

03/30/2011

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

\_\_\_\_\_ Date