

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000016550

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** DREAMA BLOUNT'S INSURANCE, INC.

**Current Principal Place of Business:**

7425 HWY 301 S  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

7425 HWY 301 S  
RIVERVIEW, FL 33578

**Current Mailing Address:**

7425 HWY 301 S  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-3558068      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BLOUNT, DREAMA F  
10235 WEST HADLEY CT.  
HOMOSASSA, FL 34448      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  
Name: BLOUNT, DREAMA  
Address: 10235 W. HADLEY CT.  
City-St-Zip: HOMOSASSA, FL 34448

Title: V  
Name: BLOUNT, JAMES V  
Address: 10235 W. HADLEY CT.  
City-St-Zip: HOMOSASSA, FL 34448

Title: S  
Name: HERNANDEZ, JEAN  
Address: 9407 PINE RIDGE AVE.  
City-St-Zip: RIVERVIEW, FL 33569

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: DREAMA F. BLOUNT

PRES

02/08/2011

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

\_\_\_\_\_  
Date