

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074821

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: DREAMIN PRODUCTIONS, INC.

## Current Principal Place of Business:

3790 KINGS WAY  
BOCA RATON, FL 33434

## New Principal Place of Business:

## Current Mailing Address:

3790 KINGS WAY  
BOCA RATON, FL 33434

## New Mailing Address:

FEI Number: 65-1020157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHAFIR, GRACE  
3790 KINGS WAY  
BOCA RATON, FL 33434 US

## Name and Address of New Registered Agent:

SHAFIR, GRACE MS.  
3790 KINGS WAY  
BOCA RATON, FL 33434 US

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: GRACE SHAFIR

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SHAFIR, GRACE  
Address: 3790 KINGS WAY  
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SHAFIR, GRACE MS.  
Address: 3790 KINGS WAY  
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Change (X) Addition  
Name: ZANN, JEREANN MRS.  
Address: 131 SOUTHEAST 7TH WAY  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Change (X) Addition  
Name: SHAFIR, GEORGEANNA MS.  
Address: ONE EAST LEXINGTON AVENUE, #510  
City-St-Zip: PHOENIX, AZ 85012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GRACE SHAFIR

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date