

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000733

**Entity Name:** DEVELOPING DREAMS FOUNDATION INC.

**Current Principal Place of Business:**

9823 NW 1ST CT  
FT LAUDERDALE, FL 33324

**Current Mailing Address:**

PO BOX 220644  
HOLLYWOOD, FL 33022

**FEI Number: 74-3237801**

**Certificate of Status Desired: Yes**

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

MALCO, AARON  
9823 NW 1ST CT  
FT. LAUDERDALE, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name MALCO, AARON  
Address 209 N. FT. LAUDERDALE BCH BLVD #7H  
City-State-Zip: FORT LAUDERDALE FL 33304

Title EXECUTIVE SECRETARY  
Name CARTER, CLAUDINE  
Address 1854 TAMARIND LANE,  
City-State-Zip: COCONUT CREEK FL 33063

Title SECRETARY  
Name SAMSPON, SHARON  
Address 8564 CARAMBOLA WAY  
City-State-Zip: COCONUT CREEK FL 33065

Title CFO  
Name BOGGS, RYAN  
Address 1133 DEARBORN ST. 3003  
City-State-Zip: CHICAGO FL 60610

Title OFFICER  
Name COLE, SOLOMON LJ  
Address 13940 LAUREL CANYON BLVD 801  
City-State-Zip: STUDIO CITY CA 91604

Title OFFICER  
Name BENJAMIN, KENNETH  
Address 1309 NW 9TH AVE.  
City-State-Zip: DEERFIELD BEACH FL 33441

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: AARON MALCO**

**FOUNDING DIRECTOR**

**04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date