2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2015
Secretary of State
CC9158817345

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Entity Name: DREAM GIVERS ACTIVITY & FITNESS CENTER INC.

Current Principal Place of Business:

21 SPIRIT LAKE ROAD
WINTER HAVEN, FL 33880

Current Mailing Address:

21 SPIRIT LAKE ROAD
WINTER HAVEN, FL 33880

FEI Number: 27-1999835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROCTOR, TERESA
6418 CRYSTAL BEACH ROAD
WINTER HAVEN, FL 33880 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	P
Name	PROCTOR, TERESA
Address	6418 CRYSTAL BEACH ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	VP
Name	PROCTOR, DALE
Address	6418 CRYSTAL BEACH ROAD
City-State-Zip:	WINTER HAVEN FL 33880

Title	COO
Name	PARNELL, HOLLY
Address	304 LANCEOLATE DR
City-State-Zip:	WINTER HAVEN FL 33880

Title	DIR
Name	PARNELL, KATHY
Address	304 LANCEOLATE DR
City-State-Zip:	WINTER HAVEN FL 33880

Title	OFFICER
Name	PARNELL, CARL R
Address	304 LANCEOLATE DR
City-State-Zip:	WINTER HAVEN FL 33880

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: TERESA M PROCTOR PRESIDENT 01/14/2015

Electronic Signature of Signing Officer/Director Detail — Date