

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000039776

**Entity Name:** DREAM LIFE ENTERPRISES, INC.

**Current Principal Place of Business:**

2724 STAR GRASS CIR  
KISSIMMEE, FL 34746

**Current Mailing Address:**

3275 S JOHN YOUNG PKWY  
SUITE 140  
KISSIMMEE, FL 34746

**FEI Number:** 46-5594648

**Certificate of Status Desired:** No

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

WILLIAMS, RHONDA  
2724 STAR GRASS CIR  
KISSIMMEE, FL 34746 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 WILLIAMS, RHONDA  
Address 2724 STAR GRASS CIR  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name WILLIAMS, RHONDA  
Address 2724 STAR GRASS CIR  
City-State-Zip: KISSIMMEE FL 34746

Title SEC  
Name WILLIAMS, RHONDA  
Address 2724 STAR GRASS CIR  
City-State-Zip: KISSIMMEE FL 34746

Title TREA  
Name WILLIAMS, RHONDA  
Address 2724 STAR GRASS CIR  
City-State-Zip: KISSIMMEE FL 34746

*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:** RHONDA WILLIAMS

**PRESIDENT**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date