

**2016 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	Title	VP
Name	WILLIAMS, RHONDA	Name	WILLIAMS, RHONDA
Address	2724 STAR GRASS CIR	Address	2724 STAR GRASS CIR
City-State-Zip:	KISSIMMEE FL 34746	City-State-Zip:	KISSIMMEE FL 34746
Title	SEC	Title	TREA
Name	WILLIAMS, RHONDA	Name	WILLIAMS, RHONDA
Address	2724 STAR GRASS CIR	Address	2724 STAR GRASS CIR
City-State-Zip:	KISSIMMEE FL 34746	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**

**03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date