


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

04-12-2004 90286 018 ****61.25

DOCUMENT # F03000005831
 1. Entity Name
AMERIDREAM REDEVELOPMENT, INC.



Principal Place of Business Mailing Address
 18310 MONTGOMERY VILLAGE AVE., 3RD FLOOR 18310 MONTGOMERY VILLAGE AVE., 3RD FLOOR
 GAITHERSBURG, MD 20879 GAITHERSBURG, MD 20879

66418281



03312004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
52-2145694 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAND, GREG S
C/O LEVEN, TANNENBAUR, ET AL
SARASOTA, FL 34236

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHBURN, ANN 11658 WOODLEA WAYNESBORO, PA 17268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEWMAN, ROBERT 3735 17TH PLACE, N.E. WASHINGTON, DC 20018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER-PEREZ, CAROL 4007 WINDWARD DRIVE MAOUNT AIRY, MD 21771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARMODY, THOMAS H 8 SUMMIT AVENUE HULL, MA 02045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITCHFIELD, MICHAEL A 3316 TUDOR COURT ADAMSTOWN, MD 21710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON, THOMASENIA 1415 N. BROAD STREET PHILADELPHIA, PA 191223323

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Parker CFO 4/27/04 301 9875163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #