


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90185 033 ****61.25

DOCUMENT # F0300005831

1. Entity Name
AMERIDREAM REDEVELOPMENT, INC.



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

Mailing Address
**18310 MONTGOMERY VILLAGE AVE., 3RD FLOOR
 GAITHERSBURG, MD 20879**

14000118



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04192005 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip Country Zip Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME ASHBURN, ANN | <input type="checkbox"/> Delete |
| STREET ADDRESS 11658 WOODLEA | |
| CITY-ST-ZIP WAYNESBORO, PA 17268 | |
| TITLE NAME NEWMAN, ROBERT | <input type="checkbox"/> Delete |
| STREET ADDRESS 3735 17TH PLACE, N.E. | |
| CITY-ST-ZIP WASHINGTON, DC 20018 | |
| TITLE NAME PARKER-PEREZ, CAROL | <input type="checkbox"/> Delete |
| STREET ADDRESS 4007 WINDWARD DRIVE | |
| CITY-ST-ZIP MAOUNT AIRY, MD 21771 | |
| TITLE NAME CARMODY, THOMAS H | <input type="checkbox"/> Delete |
| STREET ADDRESS 8 SUMMIT AVENUE | |
| CITY-ST-ZIP HULL, MA 02045 | |
| TITLE NAME LITCHFIELD, MICHAEL A | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 3316 TUDOR COURT | |
| CITY-ST-ZIP ADAMSTOWN, MD 21710 | |
| TITLE NAME COTTON, THOMASENIA | <input type="checkbox"/> Delete |
| STREET ADDRESS 1415 N. BROAD STREET | |
| CITY-ST-ZIP PHILADELPHIA, PA 191223323 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME Larry Wilson | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 18310 Montgomery Village Ave, 3rd Fl | |
| CITY-ST-ZIP Gaithersburg, Maryland 20979 | |
| TITLE NAME Willie Gault | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 18310 Montgomery Village Ave., 3rd Fl. | |
| CITY-ST-ZIP Gaithersburg, Maryland 20879 | |
| TITLE NAME Mark Stiles | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 18310 Montgomery Village Ave., 3rd Fl. | |
| CITY-ST-ZIP Gaithersburg, Maryland 20879 | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Ann Ashburn* **Ann Ashburn April 19, 2005 (301)977-9133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #