

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N98000004856

Entity Name: DREAMKEEPERS, INC.

Current Principal Place of Business:

9625 LEESIDE COURT
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

9625 LEESIDE COURT
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3539281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, JERALDINE H
9625 LEESIDE COURT
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERKINS, JERALDINE H DR.
Address: 9625 LEESIDE COURT
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: PERKINS, JOSEPH MR.
Address: 9625 LEESIDE COURT
City-St-Zip: WINDERMERE, FL 34786

Title: T (X) Delete
Name: WARE, WARREN L MR.
Address: 1311 KIRK STREET
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: RODGERS, SUZETTE MRS.
Address: 26 WEST HAMMON DRIVE
City-St-Zip: APOPKA, FL 32811

Title: S () Delete
Name: SIMS, ANGELA MRS.
Address: 5664 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: P (X) Delete
Name: WARE, RODERICK L
Address: 3553 SWALLOW DR.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RODGERS, SUZETTE MRS.
Address: 26 WEST HAMMON DRIVE
City-St-Zip: APOPKA, FL 32811

Title: D (X) Change () Addition
Name: SIMS, ANGELA MRS.
Address: 5664 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERALDINE H. PERKINS

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date