

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
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 (X)

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

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

**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:      ( ) 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

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date