

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90046 007 \*\*\*\*61.25

**DOCUMENT # N05000002253**

1. Entity Name  
**DREAM SCHOOL, INC.**



Principal Place of Business  
**3200 NORTH MILITARY TRAIL SUITE 201  
BOCA RATON, FL 33431**

Mailing Address  
**3200 NORTH MILITARY TRAIL SUITE 201  
BOCA RATON, FL 33431**



2. Principal Place of Business - No P.O. Box #  
**400 Royal Commerce Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**950 Peninsula Corp Cir**  
Suite, Apt. #, etc.  
**#2000**

04132007 Chg-NP CR2E037 (12/06)

City & State  
**Royal Palm Beach FL**  
Zip  
**33411**  
Country  
**US**

City & State  
**Boca Raton FL**  
Zip  
**33487**  
Country  
**US**

4. FEI Number  
**06-1741909**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLAIR, SHAWNE W  
3200 NORTH MILITARY TRAIL SUITE 201  
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2007**

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  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SODERMAN, KRISTOPHER  
1835 WALDOF DRIVE  
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SODERMAN, WENDY  
1835 WALDOF DRIVE  
ROYAL PALM BEACH, FL 33411** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BLAIR, SHAWNE W  
3200 N. MILITARY TRAIL 201  
BOCA RATON, FL 33411** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BELCASTRO, LISA  
1707 CARNAGE BROOKE DRIVE  
WELLINGTON, FL 33414** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**950 Peninsula Corp Cir #2000  
Boca Raton FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**D  
Anne Marie Mitchell  
1701 N. Flagler Dr. #319  
W. Palm Beach FL 33407**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KRISTOPHER SODERMAN**

Date

Daytime Phone #

**4/17/07 561-791-2681**