

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011493

**Entity Name:** AMERICAN DREAM BRIGADE, INC.

**Current Principal Place of Business:**

405 TIMAQUAN TRAIL #1  
EDGEWATER, FL 32132

**Current Mailing Address:**

PO BOX 160  
EDGEWATER, FL 32132-0160

**FEI Number:** 49-1996866

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARGAS, MICHAEL E  
4565 SOUTH ATLANTIC AVE  
#5406  
PONCE INLET, FL 32127 US

*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

**Officer/Director Detail :**

Title            CEOP  
Name            GARGAS, DONNA K  
Address        4565 SOUTH ATLANTIC AVE 5406  
City-State-Zip: PONCE INLET FL 32127

Title            D  
Name            GARGAS, MICHAEL E  
Address        4565 SOUTH ATLANTIC AVE 5406  
City-State-Zip: PONCE INLET FL 32127

Title            D  
Name            MULROY, FRANCIS MCPA  
Address        4A EVES DRIVE  
City-State-Zip: MARLTON NJ 08053

Title            D  
Name            FERRIS, PETER M  
Address        145 CANDLE LIGHT DRIVE  
City-State-Zip: GLASTONBURY CT 06033

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL E. GARGAS

**DIRECTOR**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date