2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# 760999

Entity Name: CHILDREN'S DREAM FUND, INC.

Current Principal Place of Business:

235 SECOND AVENUE S.
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

1700 DR. MARTIN LUTHER KING JR. ST. N
SUITE C
ST PETERSBURG, FL 33704 US

Current Mailing Address:

235 SECOND AVENUE S.
ST PETERSBURG, FL 33701 US

New Mailing Address:

1700 DR. MARTIN LUTHER KING JR. ST. N
SUITE C
ST PETERSBURG, FL 33704 US

FEI Number: 59-2145821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAKE, CYNTHIA A.
235 SECOND AVENUE S.
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

LAKE, CYNTHIA A.
1700 DR. MARTIN LUTHER KING JR. S. N.
SUITE C
ST PETERSBURG, FL 33704 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: _____ 03/26/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	KOESTER, WERNER	
Address:	700 CENTRAL AVE, SUITE 408	
City-St-Zip:	SAINT PETERSBURG, FL 33701	
Title:	D	( ) Delete
Name:	FAULK, DEBRA	
Address:	4001 SAN NICHOLAS ST.	
City-St-Zip:	TAMPA, FL 33629	
Title:	T	( ) Delete
Name:	WENIGER, CHARLIE	
Address:	240 BEACH DR. NE	
City-St-Zip:	SAINT PETERSBURG, FL 33704	
Title:	P	( ) Delete
Name:	KIRK, DONALD	
Address:	100 NORTH TAMPA SUITE 1350	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	MANNA, NICK	
Address:	4100 BOY SCOUT BLVD	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	HANLEY, JOAN	
Address:	P.O. BOX 6030	
City-St-Zip:	CLEARWATER, FL 33758	

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:	
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 exemption stated 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 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: CHARLES WENIGER MR. 03/26/2008
Electronic Signature of Signing Officer or Director — Date