2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005831

Entity Name: AMERIDREAM REDEVELOPMENT, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
200 PROFESSIONAL DRIVE SUITE 400 GAITHERSBURG, MD 20879				200 PROFESSIONAL DRIVE 4TH FLOOR GAITHERSBURG, MD 20879				
Current Mailing Address:				New Mailing Address:				
200 PROFESSIONAL DRIVE SUITE 400 GAITHERSBURG, MD 20879				200 PROFESSIONAL DRIVE 4TH FLOOR GAITHERSBURG, MD 20879				
FEI Number: 52-2145694 FEI Number Applied For ()			FEI Num	FEI Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
C/O LÉVIN 1680 FRU	ROME ESQ N TANNANBAU IITVILLE RD,C FA, FL 34236	ENTURY BANJ BLGD						
The above in the State	e named entity e of Florida.	submits this statement for the p	purpose of	f changing i	ts registered	office or registered agent, or both,		
SIGNATU								
	Electro	nic Signature of Registered Ag	ent			Date		
OFFICER	OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	P (ASHBURN, ANI 11658 WOODI WAYNESBORG	_EA		Title: Name: Address: City-St-Zip:	ASHBURN, AI 11670 IRONV	(X) Change () Addition NN WOOD DRIVE RO, PA 17266		
Title: Name: Address: City-St-Zip:	VS (NEWMAN, ROI 3735 17TH PLA WASHINGTON	ACE, N.E.		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	T (PARKER-PERI 4007 WINDWA MOUNT AIRY,	RD DRIVE		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	CD (CARMODY, TH 8 SUMMIT AVE HULL, MA 020	NUE		Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	WILLIS, KAYE	TICUT AVE.,, N.W., STE. 1100		Title: Name: Address: City-St-Zip:	(() Change () Addition		

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: CAROL PARKER-PEREZ CFO 01/08/2008