2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003520

1. Entity Name
AMERICAN DREAM HOMEOWNERSHIP, CORP.

Principal Place of Business	Mailing Address
2604 N.W. 53 DRIVE BOCA RATON, FL 33496	2604 N.W. 53 DRIVE BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

01312007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

ISAACS, ARTHUR
2604 N.W. 53 DRIVE
BOCA RATON, FL 33496

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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

10.   OFFICERS AND DIRECTORS

TITLE	EXD
NAME	ISAACS, ARTHUR
STREET ADDRESS	2604 N.W. 53 DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	D
NAME	LANGFORD, CAROL E
STREET ADDRESS	1438 W. LANTANA ROAD
CITY-ST-ZIP	LANTANA, FL 33462

TITLE	D
NAME	ISAACS, DOROTHY
STREET ADDRESS	2604 N.W. 53 DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/07-80024-024 61.25

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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: _Arthur Isaacs_ ARTHUR ISAACS   3/7/07   561-994-4506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #