2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004699

FILED Apr 26, 2006 Secretary of State

Entity Name: KEEPING DREAMS ALIVE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1345 NW 86TH STREET MIAMI, FL 33147 **Current Mailing Address: New Mailing Address:** 1345 NW 86TH STREET MIAMI, FL 33147 FEI Number: 65-1118283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANDERS, ANTONIO C/O EMPOWER U, INC. 8309 NW 22ND AV MIAMI, FL 33147 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HANKS, BENJAMIN V Name: Name: 522 NW 19TH STREET Address: Address: City-St-Zip: MIAMI, FL 33136 City-St-Zip: Title: VD () Delete Title: () Change () Addition SANDERS, ANTONIO Name: Name: Address: 1345 NW 86TH STREET Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition MILLS, VANESSA Name: LOWE, PATRICK Name: 10033 NW 26TH AVENUE 400 NW 16TH AVE Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: POMPANO, FL 33069 Title: SD () Delete Title: D (X) Change () Addition Name: GARCIA, MARIA Name: MILLS, VANESSA L 3050 NW 17TH STREET 10033 NW 26TH AVE Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: MIAMI, FL 33147 Title: () Delete Title: (X) Change () Addition LOWE, PATRICK HAUCK, MARK Name: Name: 400 NW 16TH AVE 200 S BISCAYNE BLVD Address: Address: City-St-Zip: POMPANO, FL City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: (X) Change () Addition BETHEL, PETER STOUTT, GLENN Name: Name: Address: 445 NW 4TH ST Address: 11404 N SAMPLE RD MIAMI, FL 33128 CORAL SPRINGS, FL 33065 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VANESSA L MILLS D 04/26/2006