2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N02000007291

Entity Name: ORLANDO DREAM CENTER, INC.

Current Principal Place of Business:

258 E ALTAMONTE DRIVE
ALTAMONATE SPRINGS, FL 32701

New Principal Place of Business:

258 E ALTAMONTE DRIVE, SUITE 1000
ALTAMONATE SPRINGS, FL 32701

Current Mailing Address:

258 E ALTAMONTE DRIVE
ALTAMONATE SPRINGS, FL 32701

New Mailing Address:

258 E ALTAMONTE DRIVE, SUITE 1000
ALTAMONATE SPRINGS, FL 32701

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BREWER, DONNA
258 E ALTAMONTE DRIVE
ALTAMONATE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: PHILLIPS, DAVID
Address: 14500 ALACA CT
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: BREWER, DONNA
Address: 258 E ALTAMONTE DRIVE
City-St-Zip: ALTAMONATE SPRINGS, FL 32701

Title: D ( ) Delete
Name: POLINO, DARA
Address: 428 E HILLSCREST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA BREWER D 05/02/2005
Electronic Signature of Signing Officer or Director — Date