

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000997

FILED
Feb 07, 2005
Secretary of State

Entity Name: PALM BEACH DREAM CATCHERS, INC.

Current Principal Place of Business:

990 OLD OAK CT
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

990 OLD OAK CT
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0007103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGLIAN, KRISTINE D
1836 GALLOP DR
LOXAHATCHEE, FL 33470 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: P () Delete
Name: CORBIN, DAVID O
Address: 990 OLD OAK CT.
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: CORBIN, CYNTHIA A
Address: 990 OLD OAK CT
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: DAGLIAN, KRISTINE D
Address: 1836 GALLOP DR
City-St-Zip: LOXHATCHEE, FL 33470

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: CYNTHIA A. CORBIN

T

02/07/2005

Electronic Signature of Signing Officer or Director

Date