

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001307

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** DREAM QUEST NETWORK, INC.

**Current Principal Place of Business:**

14707 SOUTH DIXIE HIGHWAY  
SUITE #315  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

6206 PARADISE POINT DR.  
VILLAGE OF PALMETTO BAY, FL 33158

**New Mailing Address:**

**FEI Number:** 04-3785094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARCIA-CACERES, NEREIDA  
8760 S.W. 133RD AVE. RD., #413  
MIAMI, FL 33183 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  
**Name:** SCHROEDER, THOMAS R  
**Address:** 6206 PARADISE POINT DR.  
**City-St-Zip:** MIAMI, FL 33157

**Title:** D  
**Name:** JONES, GERALD W  
**Address:** 288 MAUREEN DR  
**City-St-Zip:** SANFORD, FL 32771

**Title:** D  
**Name:** GARCIA-CACERES, NEREIDA  
**Address:** 8760 SW 133 AVE RD #413  
**City-St-Zip:** MIAMI, FL 33183

**Title:** D  
**Name:** SCHROEDER, BEVERLY A  
**Address:** 6206 PARADISE POINT DRIVE  
**City-St-Zip:** PALMETTO BAY, FL 33157

**Title:** D  
**Name:** JOHNSTON, ABIGAIL M ESQUIRE  
**Address:** 4513 WATERSIDE POINTE CIRCLE3  
**City-St-Zip:** ORLANDO, FL 32829

**Title:** D  
**Name:** HAWKINS, JOHN  
**Address:** 25947 BAGLEY ROAD  
**City-St-Zip:** OLMSTED FALLS, OH 44138

I hereby 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 all other like empowered.

**SIGNATURE:** BEVERLY SCHROEDER

D

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date