

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008116

FILED
Mar 07, 2007
Secretary of State

Entity Name: BELIEVE YOUR DREAMS, INC.

Current Principal Place of Business:

17023 NW 49TH PLACE
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

17023 NW 49TH PLACE
MIAMI, FL 33055

New Mailing Address:

FEI Number: 20-2467233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMON, ROBERT
17023 NW 49TH PLACE
MIAMI, FL 33055 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: LEMON, PAMELA
Address: 17023 NW 49TH PLACE
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: MUNROE, LILLIAN
Address: 2831 NW 209TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: MATHIS, CASSANDRA
Address: 2940 N.W. 163RD STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: D (X) Delete
Name: WILLIAMS, RALPH
Address: 2930 N.W. 193RD STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEMON, ROBERT
Address: 17023 NW 49TH PLACE
City-St-Zip: MIAMI, FL 33055

Title: SEC (X) Change () Addition
Name: MUNROE, LILLIAN
Address: 2831 NW 209 TERR.
City-St-Zip: MIAMI GARDENS, FL 33056

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 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: LEMON, PAMELA

D

03/07/2007

Electronic Signature of Signing Officer or Director

Date