## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009565

Address:

Title:

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Entity Name: DREAM LIFE CENTER, INC.

FILED May 02, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3100 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 3100 SOUTH RIO GRANDE AVENUE POST OFFICE BOX 617290 ORLANDO, FL 32805 ORLANDO, FL 32861 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: FRYAR, DANIEL S GRAHAM, ANITA 3100 SOUTH RIO GRANDE AVENUE 3100 SOUTH RIO GRANDE AVENUE ORLANDO, FL 32805 ORLANDO, FL 32805 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: ANITA GRAHAM 05/02/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete ( ) Change (X) Addition GRAHAM, ANITA Name: Name: Address: Address: 3100 SOUTH RIO GRANDE AVENUE City-St-Zip: City-St-Zip: ORLANDO, FL 32805 Title: Title: TREA ( ) Change (X) Addition ( ) Delete Name: Name: BOOKER, DEBORAH Address: Address: 3100 SOUTH RIO GRANDE AVENUE City-St-Zip: City-St-Zip: ORLANDO, FL 32805 Title: () Delete Title: SEC ( ) Change (X) Addition BELLAMY, CAFFEE Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: ANITA GRAHAM PTD 05/02/2005

3100 SOUTH RIO GRANDE AVENUE

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( ) Change (X) Addition

ORLANDO, FL 32805

ORLANDO, FL 32805

FRYAR, LOUISE

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