


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011649	
1. Entity Name PENSACOLA DREAM ACHIEVERS, INC.	

Principal Place of Business 2091 WINNERS CIRCLE CANTONMENT, FL 32533	Mailing Address 2091 WINNERS CIRCLE CANTONMENT, FL 32533
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DO NOT WRITE IN THIS SPACE



07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0298609	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODARD, WAYNE 2091 WINNERS CIRCLE CANTONMENT, FL 32533
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODARD, WAYNE 2091 WINNERS CIRCLE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, ROY JR 4301 SPANISH TRAIL PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MERCKERSON, ALTON 438 SHILOH DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CRONLEY, SHIRLEY 601 EAST GOVERNMENT ST PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREY, EDDIE 911 CATERPILLAR LN CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

U000000575757
08/31/06-80003-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Wayne Woodard</u>	8-28-06 (850) 968-3692
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>