

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-20-2006 90031 011 ****61.25

| | | | | | | |
|--|-----------------------------------|---|--|--|---|--------------------------------|
| DOCUMENT # N05000002253 1. Entity Name DREAM SCHOOL, INC. | | | | | | |
| Principal Place of Business 3200 NORTH MILITARY TRAIL SUITE 201 BOCA RATON, FL 33431 | | | Mailing Address 3200 NORTH MILITARY TRAIL SUITE 201 BOCA RATON, FL 33431 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent BLAIR, SHAWNE W 3200 NORTH MILITARY TRAIL SUITE 201 BOCA RATON, FL 33431 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SODERMAN, KRISTOPHER | | | NAME | | |
| STREET ADDRESS | 1835 WALDOF DRIVE | | | STREET ADDRESS | | |
| CITY- ST- ZIP | ROYAL PALM BEACH, FL 33411 | | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SODERMAN, WENDY | | | NAME | | |
| STREET ADDRESS | 1835 WALDOF DRIVE | | | STREET ADDRESS | | |
| CITY- ST- ZIP | ROYAL PALM BEACH, FL 33411 | | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLAIR, SHAWNE W | | | NAME | | |
| STREET ADDRESS | 3200 N. MILITARY TRAIL 201 | | | STREET ADDRESS | | |
| CITY- ST- ZIP | BOCA RATON, FL 33411 | | | CITY- ST- ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BELCASTRO, LISA | | | NAME | | |
| STREET ADDRESS | 1707 CARNAGE BROOKE DRIVE | | | STREET ADDRESS | | |
| CITY- ST- ZIP | WELLINGTON, FL 33414 | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | | CITY- ST- ZIP | | |
| 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: | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | | <small>Daytime Phone #</small> |

66003301



02132006 Chg-NP CR2E037 (11/05)

4. FEI Number **06-1741909** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒



ATTACHMENT
66005397
RECEIVED
MAR 03 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

DREAM SCHOOL, INC.
3200 NORTH MILITARY TRAIL SUITE 201
BOCA RATON, FL 33431

Subject: **DREAM SCHOOL, INC.**

Reference Number: **N05000002253**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION