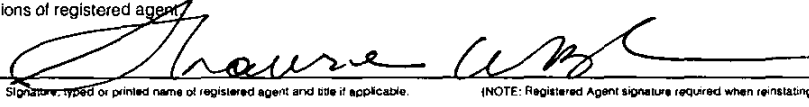



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90049 041 \*\*\*\*61.25

<b>DOCUMENT # N05000002253</b> 1. Entity Name <b>DREAM SCHOOL, INC.</b>					
Principal Place of Business <b>400 ROYAL COMMERCE RD ROYAL PALM BEACH, FL 33411 US</b>			Mailing Address <b>950 PENINSULA CORP. CIR. #2000 BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04022008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number <b>06-1741909</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BLAIR, SHAWNE W 3200 NORTH MILITARY TRAIL SUITE 201 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>Blair, Shawne W</b> Street Address (P.O. Box Number is Not Acceptable) <b>950 Peninsula Corp Cir #2000</b> City <b>Boca Raton</b> FL Zip Code <b>33487</b>	
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 reinstating)</small>				DATE <b>4/2/08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SODERMAN, KRISTOPHER 1835 WALDOF DRIVE ROYAL PALM BEACH, FL 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SODERMAN, WENDY 1835 WALDORF DRIVE ROYAL PALM BEACH, FL 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BLAIR, SHAWNE W 3200 N. MILITARY TRAIL 201 BOCA RATON, FL 33411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Blair, Shawne W</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>950 Peninsula Corp Cir #2000</b> <b>Boca Raton, FL 33487</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>BELCASTRO, LISA 950 PENINSULA CORP. CIR #2000 WELLINGTON, FL 33414</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MITCHELL, ANNE M 1701 N. FLAGLER DR. #319 WEST PALM BEACH, FL 33407</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:  KRIS SODERMAN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-4-08 561-791-2881</b> <small>Date Daytime Phone #</small>		