

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011273

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: DREAM BIG ACADEMY, INC.

## Current Principal Place of Business:

10301 CAYO COSTA CT.  
CLERMONT, FL 34711

## New Principal Place of Business:

10301 CAYO COSTA CT  
CLERMONT, FL 34711

## Current Mailing Address:

10301 CAYO COSTA CT.  
CLERMONT, FL 34711

## New Mailing Address:

4327 SOUTH HWY 27  
#136  
CLERMONT, FL 34711

FEI Number: 20-3755718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEFRANC, KRISTEN M  
10301 CAYO COSTA CT.  
CLERMONT, FL 34711 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: P ( ) Delete  
Name: DEFRANC, KRISTEN M  
Address: 10301 CAYO COSTA CT.  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: NEWMAN, MARGARET L  
Address: 851 MILE AVE. #22  
City-St-Zip: WINTER PARK, FL 32789

Title: SECR ( ) Delete  
Name: BEYER-BOSWELL, AMY L  
Address: 1006 ARIZONA CT.  
City-St-Zip: OCOEE, FL 34761

Title: TREA ( ) Delete  
Name: SMUWARA, TIFFANY A  
Address: 13826 OSPREY NEST LANE #1  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TREA (X) Change ( ) Addition  
Name: SMUWARA, TIFFANY A  
Address: 1749 CALIFORNIA AVE  
City-St-Zip: ST. CLOUD, FL 34769

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: TIFFANY A SMURAWA

TREA

03/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date