

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

02-26-2007 90048 002 ****61.25

<p>DOCUMENT # N06000011112</p> <p>1. Entity Name THE ELDER DREAM FOUNDATION, INC.</p>				
<p>Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432</p>		<p>Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432</p>		
<p>2. Principal Place of Business - No P.O. Box #</p>		<p>3. Mailing Address</p>		
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>		
<p>City & State</p>		<p>City & State</p>		
<p>Zip</p>	<p>Country</p>	<p>Zip</p>	<p>Country</p>	
<p>5. Name and Address of Current Registered Agent</p>				
<p>GLUCK, RONDA D ESQ. 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432</p>				
<p>Name _____</p>				
<p>Street Address _____</p>				
<p>City _____</p>				

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

Structure, function and activity of a cation channel in the *htr4* gene of *Arabidopsis*

(NOTE: Registered Agent agrees to verify when reinstated)

548

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

18 OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 75				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
T	ANDRE, FERIAL	16244 SOUTH MILITARY TRAIL, SUITE 310B	DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	ANDRE, PIERRE MD	16244 SOUTH MILITARY TRAIL, SUITE 310B	DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	GLUCK, DAVID	16244 SOUTH MILITARY TRAIL, SUITE 310B	DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	HENRY, ANGELA	16244 SOUTH MILITARY TRAIL, SUITE 310B	DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	GLUCK, RONDA D ESQ.	16244 SOUTH MILITARY TRAIL, SUITE 310B	DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<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.

SIGNATURE:

21107

1. **NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON SIGNING THIS FORM**

8

Section Three