


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N06000011112 1. Entity Name THE ELDER DREAM FOUNDATION, INC.	
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Principal Place of Business 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432	Mailing Address 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432
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01072008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5778195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLUCK, RONDA D ESQ. 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON, FL 33432
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**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRE, FERAL 16244 SOUTH MILITARY TRAIL, SUITE 310B DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDRE, PIERRE MD 16244 SOUTH MILITARY TRAIL, SUITE 310B DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLUCK, DAVID 16244 SOUTH MILITARY TRAIL, SUITE 310B DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRY, ANGELA 16244 SOUTH MILITARY TRAIL, SUITE 310B DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLUCK, RONDA D ESQ. 16244 SOUTH MILITARY TRAIL, SUITE 310B DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/08/08-80051-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08 561-499-8382
Date Daytime Phone #