2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000011112

Entity Name: THE ELDER DREAM FOUNDATION, INC.

Current Principal Place of Business:

980 NORTH FEDERAL HIGHWAY
SUITE 402
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

980 NORTH FEDERAL HIGHWAY
SUITE 402
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-5778195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLUCK, RONDA D ESQ.
980 NORTH FEDERAL HIGHWAY
SUITE 402
BOCA RATON, FL 33432 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:	T	( ) Delete
Name:	ANDRE, FERIAL	
Address:	16244 SOUTH MILITARY TRAIL, SUITE 310B	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	T	( ) Delete
Name:	ANDRE, PIERRE MD	
Address:	16244 SOUTH MILITARY TRAIL, SUITE 310B	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	T	( ) Delete
Name:	GLUCK, DAVID	
Address:	16244 SOUTH MILITARY TRAIL, SUITE 310B	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	T	(X) Delete
Name:	HENRY, ANGELA	
Address:	16244 SOUTH MILITARY TRAIL, SUITE 310B	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	T	( ) Delete
Name:	GLUCK, RONDA D ESQ.	
Address:	16244 SOUTH MILITARY TRAIL, SUITE 310B	
City-St-Zip:	DELRAY BEACH, FL 33484	

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

I hereby certify that the information supplied with this filing does not qualify 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: RONDA GLUCK T 04/30/2009

Electronic Signature of Signing Officer or Director — Date