2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N22819

Entity Name: THE POSSIBLE DREAM FOUNDATION, INC.

Current Principal Place of Business:

13830 SW 102 AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

13615 S DIXIE HIGHWAY
SUITE A114
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0023333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GERALDI, MICHAEL
11246 SW 137 AVE
MIAMI, FL 33186 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:	PD	( ) Delete
Name:	GERALDI, CAMILLE,	
Address:	13910 S.W. 102 AVE.	
City-St-Zip:	MIAMI, FL	
Title:	VDST	( ) Delete
Name:	GERALDI, MICHAEL,	
Address:	13910 S.W. 102 AVE.	
City-St-Zip:	MIAMI, FL	
Title:	BD	( ) Delete
Name:	HAAS, JO-ANN	
Address:	9213 SW 49TH PLACE	
City-St-Zip:	COOPER CITY, FL 33328	
Title:	BD	( ) Delete
Name:	SANTAMARIA, LAURA	
Address:	8750 DORAL BLVD. SUITE 270	
City-St-Zip:	MIAMI, FL 33178	
Title:	BD	( ) Delete
Name:	SNOW, LAURIE	
Address:	117 DOCKSIDE DRIVE	
City-St-Zip:	FT. LAUDERDALE, FL 33327	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VDST	(X) Change ( ) Addition
Name:	DR. GERALDI, MICHAEL,	
Address:	13910 S.W. 102 AVE.	
City-St-Zip:	MIAMI, FL	
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 for the exemption stated in Section 119.07(3)(i), 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: DR. MICHAEL GERALDI VDST 04/12/2005

Electronic Signature of Signing Officer or Director — Date