


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N33288 1. Entity Name DREAMS COME TRUE OF JACKSONVILLE, INC.			
Principal Place of Business 6803 SOUTHPPOINT PKWY JACKSONVILLE FL 32216		Mailing Address 6803 SOUTHPPOINT PKWY JACKSONVILLE FL 32216	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2967803** Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SILVERFIELD, LAINE S 6803 SOUTHPPOINT PKWY JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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 *Laine S. Silverfield* DATE **2/20/2006**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Laine S. Silverfield, Chairman

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROUCH, ROBERT ONE INDEPENDENT DR 25TH FL JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILF, LARRY H MD 8652 CATHEDRAL OAKS PLACE WEST JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTHONY, JEFFREY H 4345 SOUTHPPOINT BLVD JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIXON, B. JEANETTE 50 NORTH LAURA ST, SUITE 3000 JACKSONVILLE FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CRITTENDEN, SUZANNE G 6803 SOUTHPPOINT PKWY JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SILVERFIELD, LAINE S 6803 SOUTHPPOINT PARKWAY JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Laine S. Silverfield* DATE **2/20/2006** (904) 296-3030
Laine S. Silverfield, Chairman