

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006624

FILED
Jul 19, 2005
Secretary of State

Entity Name: DREAM CHANGE, INC.

Current Principal Place of Business:

12045 EDGEWATER DR.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

PO BOX 31357
WEST PALM BEACH, FL 33420

New Mailing Address:

PO BOX 705
WHATELY, MA 01093

FEI Number: 65-0729702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERKINS, JOHN M
12045 EDGEWATER DR.
PALM BEACH GARDENS, FL 33410 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: D () Delete
Name: PERKINS, JOHN M
Address: 12045 EDGEWATER DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VC () Delete
Name: MASON-MERRILL, SHARON
Address: 3739 ALCOTT AVE
City-St-Zip: WEST BLOOMFIELD, MI 48324

Title: COB () Delete
Name: SOUTHARD, ROBERT Y
Address: PO BOX 1350/70 OAK ST
City-St-Zip: DUXBURY, MA 02331

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: PERKINS, JOHN M
Address: 12045 EDGEWATER DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S/T (X) Change () Addition
Name: ROBERTS-HERRICK, LYN
Address: 5 POPLAR HILL ROAD
City-St-Zip: WEST WHATELY, MA 01039

Title: D (X) Change () Addition
Name: LASELVA, MARY
Address: ONE BARTLETT STREET
City-St-Zip: BEVERLY, MA 01915

Title: D () Change (X) Addition
Name: HARVEY, ROBERT
Address: 289 CITATION DRIVE
City-St-Zip: VIRGINIA BEACH, VA 23462

Title: D () Change (X) Addition
Name: BLACKWELL, SUSAN
Address: 245 FOREST STREET
City-St-Zip: DUNSTABLE, MA 01827

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: JOHN M. PERKINS

COB

07/19/2005

Electronic Signature of Signing Officer or Director

Date