

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006624

FILED
Feb 07, 2006
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 705
WHATELY, MA 01093

New Mailing Address:

FEI Number: 65-0729702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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

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

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

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

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 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: LYN ROBERTS-HERRICK

S/T

02/07/2006

Electronic Signature of Signing Officer or Director

Date