2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700002405 1. Entity Name					FILED Jan 20, 2001 8:00 am Secretary of State		
DREAM-A-WISH, INC.				01-2	01-20-2001 90087 001 ****61.25 01-20-2001 90087 002 *****8.75		
Principal Plac	ce of Business	Mailing Address					
123 FALL DR PORT ORANGE FL 32119		123 FALL DR		!			
		PORT ORANGE FL 32119			- 22490		
		FURI UNANGE FL 32113	,	 			
	Place of Business	3. Mailing Address					
123 FALL DR		123 FALL DR-			(1647) at a cann (62) sann earn éacht éann seine han éight agus shit iéin		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
City & Sta		- City & State	.n. []	4. FEI Number			plied For
YORT Zip	Country	Zip	Country			\$8.75 Add	t Applicable
32119	7 16/11/17	32/19	Y0245/A	5. Certificate of		Fee Required	
<u> </u>	6. Name and Address of Current	Registered Agent	Name	7. Name and Ac	Idress of New Registered	Agent	
							
KEISER, WOODROW 123 FALL DRIVE			Street Add	dress (P.O. Box Number is	s Not Acceptable)		
	L DRIVE RANGE FL 32119						
10111 01	WHICH I COLITS		City		FL	Zip Code	3
	Trained Striky Gaptines tille statement ic	or the purpose of changing its	s registered office or re	registered agent, or both,	in the state of Florida.		
SIGNATURE	·		TE: Registered Agent signature		n the state of Florida. DATE Make Check Departmen		
	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable. (NO 9. Election Campaig Trust Fund Contril	TE: Registered Agent signature In Financing bution.	\$5.00 May Be Added to Fees	Make Check Departmen	it of State	10
10.	Signature, typed or printed name of registered agent	and title if applicable. (NO 9. Election Campaig Trust Fund Contril	TE: Registered Agent signature on Financing bution.	\$5.00 May Be Added to Fees	Make Check Departmen	it of State	
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STREET ADDRESS

123 FALL DRIVE
PORT ORANGE FL 32119

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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:

DREAM - A - WISH



EVERY CHILD HAS A DREAM!



1-9-01

LADDITION

TITLE! -E

NAME! BOWERS, JOHN

ST: 140 ORCHID WOODS CT.

STATE: DELTONA, FL 32725

TITLE!

CASCHETTA, ADITA 313 DIRKSEN DR. NAME.

8 %:

DEBARY, FL. 32713 State?

CADDITION

Dream-A-Wish, 123 Fall Drive Port Orange Fl. 32119 Phone 1/904/788-7072 FAX: 904/304-4481