

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2005
Secretary of State**

DOCUMENT# N97000002405

Entity Name: DREAM-A-WISH, INC.

Current Principal Place of Business:

232 SAND PEBBLE CIRCLE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

232 SAND PEBBLE CIRCLE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3436624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEISER, WOODROW
232 SAND PEBBLE CIRCLE
PORT ORANGE, FL 32129 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: CEO () Delete
Name: KEISER, WOODROW
Address: 232 SAND PEBBLE CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: MUISE, JOHN R
Address: 15 SPRING DR
City-St-Zip: PORT ORANGE, FL 32119

Title: DP () Delete
Name: IZZETTI, MARIO
Address: 129 SEA ISLE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: DS () Delete
Name: JUSZHEWICZ, BARBARA
Address: 708 DOVE AVE
City-St-Zip: PORT ORANGE, FL 32119

Title: DVP () Delete
Name: KELSER, PATRICIA
Address: 232 SAND PEBBLE CIRCLE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: DONAHUE, TERRY
Address: 505 SPARROW DR.
City-St-Zip: EDGEWATER, FL 32141

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:

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: WOODROW KEISER

CEO

01/07/2005

Electronic Signature of Signing Officer or Director

Date