

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90073 005 \*\*\*\*61.25

DOCUMENT # **N97000002405**

1. Entity Name  
**DREAM-A-WISH, INC.**



Principal Place of Business  
**232 SAND PEBBLE CIRCLE  
PORT ORANGE FL 32129**

Mailing Address  
**232 SAND PEBBLE CIRCLE  
PORT ORANGE FL 32129**

60001011



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**232 SAND PEBBLE CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address

**232 SAND PEBBLE CIRCLE**  
Suite, Apt. #, etc.

City & State

**PORT ORANGE**

Zip **32129**

Country

**USA**

City & State

**PORT ORANGE**

Zip **32129**

Country

**USA**

4. FEI Number **59-3436624**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KEISER, WOODROW  
232 SAND PEBBLE CIRCLE  
PORT ORANGE FL 32129**

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 Woodrow Keiser Woodrow Keiser 1-10-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	<b>KEISER, WOODROW</b>	
STREET ADDRESS	<b>232 SAND PEBBLE CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32129</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MUISE, JOHN R</b>	
STREET ADDRESS	<b>15 SPRING DR</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>IZZETTI, MARIO</b>	
STREET ADDRESS	<b>129 SEA ISLE</b>	
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>JUSZHIWICZ, BARBARA</b>	
STREET ADDRESS	<b>708 DOVE AVE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	<b>KELSER, PATRICIA</b>	
STREET ADDRESS	<b>232 SAND PEBBLE CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32129</b>	
TITLE	D	<input type="checkbox"/> Delete <i>Add</i>
NAME	<b>WEB LINGLE</b>	
STREET ADDRESS	<b>1281 PLANTATION #4</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TERRY DOURAUE</b>	
STREET ADDRESS	<b>565 SHARROW DR.</b>	
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORETTA LINGLE</b>	
STREET ADDRESS	<b>1281 PLANTATION #4</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32119</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GISELLE FOUNO</b>	
STREET ADDRESS	<b>P.O. Box 291265</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32119</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Woodrow Keiser Woodrow Keiser 1-10-03 386-789-7072  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/02)