

**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

3. Mailing Address
232 SAND PEBBLE CIRCLE

City & State
PORT ORANGE

City & State
PORT ORANGE

Zip
32129

Country
Volusia

Zip
32129

Country
Volusia

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY DOURAUE 565 SHARROW DR. EDGEWATER FL 32141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORETTA LINGLE 1281 PLANTATION #4 DAYTONA BEACH FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISELLE FOUNO P.O. Box 291265 PORT ORANGE FL 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **SIGNATURE REQUIRED** *Woodrow Keiser* *1-10-03* *386-789-7072*

Signature and typed or printed name of signing officer or director Date

CR2E037 (10/02)