2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003318

Entity Name: US DREAM ACADEMY, INC.

FILED Jan 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10400 LITTLE PATUXENT, SUITE 300 COLUMBIA, MD 21044 **Current Mailing Address: New Mailing Address:** 10400 LITTLE PATUXENT, SUITE 300 COLUMBIA, MD 21044 FEI Number: 59-3514841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRIMBLE, T L MS 111 N. OŔLANDO AVE. WINTER PARK, FL 32789 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WALLACE-BOOKER, DIANE Name: Name: 7329 KERRY HILL CT. Address: Address: City-St-Zip: COLUMBIA, MD 21045 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: PHIPPS, WINTLEY Name: Address: 50 SOUTHHAMPTON TERRACE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: () Delete Title: () Change () Addition BAKER, DELBERT W Name: Name: 7000 ADVENTIST BOULEVARD, NW Address: Address: City-St-Zip: HUNTSVILLE, AL 35896 City-St-Zip: Title: STD () Delete Title: () Change () Addition Name: MING, H. MELVIN Name: ONE LINCOLN PLAZA, 4TH FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10023 City-St-Zip: Title: () Delete Title: () Change () Addition BLACK, BARRY ADMIRAL Name: Name: NUMBER 2, NAVY ANNEX Address: Address: City-St-Zip: WASHINGTON, DC 20370 City-St-Zip: Title: () Delete Title: () Change () Addition CARSON, BENJAMIN Name: Name: Address: 600 N. WOLFE STREET, HARVEY 811 Address:

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.

City-St-Zip:

SIGNATURE: C. DIANE WALLACE BOOKER V 01/12/2005

BALTIMORE, MD 21287

City-St-Zip: