

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 018 ****61.25

DOCUMENT # N98000006952 1. Entity Name DELIVER THE DREAM, INC.					
Principal Place of Business 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442			Mailing Address 100 JIM MORAN BLVD MAIL DROP IMFDF018 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # 3223 NW 10TH TERRACE Suite, Apt. #, etc. SUITE 602		3. Mailing Address 3223 NW 10TH TERRACE Suite, Apt. #, etc. SUITE 602			
City & State FORT LAUDERDALE FL		City & State FORT LAUDERDALE FL		4. FEI Number 65-0881619	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MORAN, PATRICIA G 100 JIM MORAN BLVD DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MORAN, PATRICIA G 3223 NW 10TH TERRACE SUITE 602 FORT LAUDERDALE FL 33442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLERT, KENT 350 E. LAS OLAS BLVD #1800 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GONZALEZ, JORGE E 111 JIM MORAN BLVD DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTTUSO, MARIA K 500 JIM MORAN BLVD DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CATLETT, RICHARD M ONE GATOR BOWL BLVD. JACKSONVILLE, FL 32202		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"/> Delete		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 exemptions contained in Chapter 119, 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: SECRETARY/TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3/12/2007 Daytime Phone # 954-429-2069					

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