


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000018402	
1. Entity Name CHASING THE DREAM, INC.	

Principal Place of Business 1120 LAKE ROGERS CIRCLE OVIEDO, FL 32765	Mailing Address POST OFFICE BOX 621676 OVIEDO, FL 32762-1676
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04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1042709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPBELL, KIMBERLY 1120 LAKE ROGERS CIRCLE OVIEDO, FL 32765

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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: <u>Kimberly J. Campbell VP</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <u>4-23-07</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CHARLES D 5233 CARRICK ROAD PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, KIMBERLY J 1120 LAKE ROGERS CIRCLE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, YVETTE F 5233 CARRICK ROAD PORT ST. JOHN, FL 32927
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: <u>Kimberly J. Campbell VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>4-23-07</u>	DAYTIME PHONE #: <u>321-537-4320</u>
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