2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005
Secretary of State

DOCUMENT# P04000087313

Entity Name: DREAMS COME TRUE ACADEMY, INC.

Current Principal Place of Business:

417 NW 2ND AVENUE
SUITE #5
HALLANDALE BEACH, FL 33099 US

New Principal Place of Business:

Current Mailing Address:

417 NW 2ND AVENUE
SUITE #5
HALLANDALE BEACH, FL 33099 US

New Mailing Address:

FEI Number: 20-1203900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGAIR, OSAFER CPA
1601 N. PALM AVE.
SUITE 304 A-B
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AMBERSLIE, MONIFA
Address: 417 NW 2ND AVENUE, SUITE #5
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: AMBERSLIE, MONIFA
Address: 18311 NW 30TH AVENUE
City-St-Zip: MIAMI, FL 33056

Title: P ( ) Change (X) Addition
Name: AMBERSLIE, MONIFA
Address: 18311 NW 30TH AVENUE
City-St-Zip: MIAMI, FL 333056

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIFA AMBERSLIE P 08/15/2005

Electronic Signature of Signing Officer or Director Date