2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108020

Entity Name: DREAMERS OF NORTHEAST FLORIDA, INC

FILED Aug 24, 2005 Secretary of State

Current Principal Place of Business:				New Principal P	New Principal Place of Business:	
	KLIN STREET NA BEACH, FL	32034	US			
Current Mailing Address:				New Mailing Ad	New Mailing Address:	
	KLIN STREET NA BEACH, FL	32034	US			
FEI Number:		FEI Numbe	r Applied For (X)	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MARLOW, GARY 3744 CAYMAN CIRCLE FERNANDINA BEACH, FL 32034 US						
The above r		bmits this	statement for the pu	rpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE:						
	Electronic	Signature	of Registered Agen	t	Date	
			•	receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,D () D MARLOW, GARY 3744 CAYMAN CI FERNANDINA BE	RCLE	034 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D,VP () D QUINN, RODNEY 1123 ROMAINE C JACKSONVILLE,	IRCLE W	s	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D,T, () D BROWN, LARRY 85594 KIRKLAND YULEE, FL 3209	RD		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D,VP () D WATSON, GARRY 1520 FRANKLIN S FERNANDINA BE	Y STREET	034 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D,S () D VEREEN, DANIEL 11111 COPPER H JACKSONVILLE,	HILL DRIVE	s	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D,VP () D AFLLEJE, MANUE 2072 CHAZZ PLA YULEE, FL 3209	EL CE		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GARY MARLOW P 08/24/2005