

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108020

FILED
May 14, 2007
Secretary of State

Entity Name: DREAMERS OF NORTHEAST FLORIDA, INC

Current Principal Place of Business:

1520 FRANKLIN STREET
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

1520 FRANKLIN STREET
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: 20-2467571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLOW, GARY
3744 CAYMAN CIRCLE
FERNANDINA BEACH, FL 32034 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,D () Delete
Name: MARLOW, GARY
Address: 3744 CAYMAN CIRCLE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D,VP () Delete
Name: QUINN, RODNEY
Address: 1123 ROMAINE CIRCLE W
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D,T, () Delete
Name: BROWN, LARRY
Address: 85594 KIRKLAND RD
City-St-Zip: YULEE, FL 32097 US

Title: D,VP () Delete
Name: WATSON, GARRY
Address: 1520 FRANKLIN STREET
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: D,S () Delete
Name: VEREEN, DANIEL
Address: 11111 COPPER HILL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D,VP () Delete
Name: AFLEJE, MANUEL
Address: 2072 CHAZZ PLACE
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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,D

05/14/2007

Electronic Signature of Signing Officer or Director

Date