2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090143

Entity Names A T A D DDEAM ACLUEVE

FILED Jan 19, 2004 Secretary of State

Entity Name: A.T.A.P. DREAM ACHIEVERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 400 WEST MAIN ST LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 400 WEST MAIN ST LEESBURG, FL 34748 FEI Number: 59-3606334 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEWELL, JOYCE S PH.D. 400 WEST MAIN ST LEESBURG, FL 34748 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HEWELL, JOYCE S HEWELL, JOYCE S Name: Name: 400 WEST MAIN ST 400 WEST MAIN ST Address: Address: LEESBURG, FL 34748 City-St-Zip: City-St-Zip: LEESBURG, FL 34748 Title: VPD Title: () Delete (X) Change () Addition HEWELL, ROBERT E Name: HEWELL, ROBERT E Name: 400 WEST MAIN ST 400 WEST MAIN ST Address: Address: LEESBURG, FL 34748 LEESBURG, FL 34748 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition BELTON, MICHAEL B Name: Name: 400 WEST MAIN ST Address: Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: Title: () Delete Title: () Change () Addition STEELY, GREGORY A Name: Name: Address: 4100 MASTERPIECE RD Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: Title: Title: () Delete () Change () Addition STEELY, TRACY Name: Name: 4100 MASTERPIECE RD Address: Address:

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.

City-St-Zip:

SIGNATURE: ROBERT E HEWELL VPD 01/19/2004

City-St-Zip:

LAKE WALES, FL 33853