

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000090143

Entity Name: A.T.A.P. DREAM ACHIEVERS, INC.

FILED  
Feb 03, 2006  
Secretary of State

## Current Principal Place of Business:

555 SOUTH HIGHLAND ST.  
MOUNT DORA, FL 327576127

## New Principal Place of Business:

## Current Mailing Address:

555 SOUTH HIGHLAND ST.  
MOUNT DORA, FL 327576127

## New Mailing Address:

FEI Number: 59-3606334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEWELL, JOYCE S PH.D.  
555 S HIGHLAND ST  
MOUNT DORA, FL 327576127 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HEWELL, JOYCE S  
Address: 803 SWEETWATER CLUB BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete  
Name: HEWELL, ROBERT E  
Address: 803 SWEETWATER CLUB BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BELTON, MICHAEL B  
Address: 131 HAVILLAND PT.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: STEELY, GREGORY A  
Address: 4100 MASTERPIECE RD  
City-St-Zip: LAKE WALES, FL 33898

Title: D (X) Delete  
Name: STEELY, TRACY  
Address: 4100 MASTERPIECE RD  
City-St-Zip: LAKE WALES, FL 33898

## 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: D (X) Change ( ) Addition  
Name: STEELY, GREGORY A  
Address: 5670 HIDEAWAY HILLS DR  
City-St-Zip: BLAIRSVILLE, GA 30514

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOYCE S HEWELL

PD

02/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date