2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# P99000090143

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

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: 5670 HIDEAWAY HILLS DR
City-St-Zip: BLAIRSVILLE, GA 30514

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:

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: ROBERT E HEWELL VPD 02/22/2008

Electronic Signature of Signing Officer or Director — Date