

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2004  
Secretary of State**

DOCUMENT# N98000003318

Entity Name: US DREAM ACADEMY, INC.

**Current Principal Place of Business:**

10400 LITTLE PATUXENT, SUITE 300  
COLUMBIA, MD 21044

**New Principal Place of Business:**

**Current Mailing Address:**

10400 LITTLE PATUXENT, SUITE 300  
COLUMBIA, MD 21044

**New Mailing Address:**

FEI Number: 59-3514841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIMBLE, T L MS  
111 N. ORLANDO AVE.  
WINTER PARK, FL 32789      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

**OFFICERS AND DIRECTORS:**

Title: V      ( ) Delete  
Name: WALLACE-BOOKER, DIANE  
Address: 7329 KERRY HILL CT.  
City-St-Zip: COLUMBIA, MD 21045

Title: PD      ( ) Delete  
Name: PHIPPS, WINTLEY  
Address: 50 SOUTHAMPTON TERRACE  
City-St-Zip: VERO BEACH, FL 32963

Title: D      ( ) Delete  
Name: BAKER, DELBERT W  
Address: 7000 ADVENTIST BOULEVARD, NW  
City-St-Zip: HUNTSVILLE, AL 35896

Title: STD      ( ) Delete  
Name: MING, H. MELVIN  
Address: ONE LINCOLN PLAZA, 4TH FLOOR  
City-St-Zip: NEW YORK, NY 10023

Title: D      ( ) Delete  
Name: BLACK, BARRY ADMIRAL  
Address: NUMBER 2, NAVY ANNEX  
City-St-Zip: WASHINGTON, DC 20370

Title: D      ( ) Delete  
Name: CARSON, BENJAMIN  
Address: 600 N. WOLFE STREET, HARVEY 811  
City-St-Zip: BALTIMORE, MD 21287

**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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. DIANE WALLACE BOOKER

V

01/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date