

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**


01-18-2007 90089 016 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

40002701



01082007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N98000003318</b>			
1. Entity Name US DREAM ACADEMY, INC.			
Principal Place of Business 10400 LITTLE PATUXENT PARKWAY SUITE 300 COLUMBIA, MD 21044		Mailing Address 10400 LITTLE PATUXENT PARKWAY SUITE 300 COLUMBIA, MD 21044	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3514841		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIMBLE, T L MS 111 N. ORLANDO AVE. WINTER PARK, FL 32789		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE-BOOKER, DIANE	NAME	
STREET ADDRESS	12309 SILVERBIRCH LANE	STREET ADDRESS	
CITY-ST-ZIP	LAUREL, MD 20708	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, WINTLEY	NAME	
STREET ADDRESS	10400 LITTLE PATUXENT PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA, MD 21045	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DELBERT W	NAME	
STREET ADDRESS	7000 ADVENTIST BOULEVARD, NW	STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE, AL 35896	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MING, H. MELVIN	NAME	Tim Farrell
STREET ADDRESS	ONE LINCOLN PLAZA, 4TH FLOOR	STREET ADDRESS	9 Hollinger's Island
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	Katy, TX 77450
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, BARRY ADMIRAL	NAME	
STREET ADDRESS	NUMBER 2, NAVY ANNEX	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20370	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, BENJAMIN	NAME	
STREET ADDRESS	600 N. WOLFE STREET, HARVEY 811	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 21287	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Cilian Wallace Booker</i>		Date: 1-08-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	