

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N98000003318

Entity Name: US DREAM ACADEMY, INC.

Current Principal Place of Business:

10400 LITTLE PATUXENT PARKWAY
SUITE 300
COLUMBIA, MD 21044

New Principal Place of Business:

Current Mailing Address:

10400 LITTLE PATUXENT PARKWAY
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: 12309 SILVERBIRCH LANE
City-St-Zip: LAUREL, MD 20708

Title: P () Delete
Name: PHIPPS, WINTLEY
Address: 10400 LITTLE PATUXENT PARKWAY
City-St-Zip: COLUMBIA, MD 21045

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

Title: D () Delete
Name: FARRELL, TIM
Address: 9 HOLLINGEIS ISLAND
City-St-Zip: KATY, TX 77450

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

SIGNATURE: JASON DANA COSTA

MR.

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date