I hereby 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 all other like empowered.

SIGNATURE: SONYA CRUDUP

Electronic Signature of Signing Officer/Director Detail

6100 HAYES ST HOLLYWOOD, FL 33024

**Current Principal Place of Business:** 

Entity Name: DREAM BEYOND YOUR JOURNEY INC.

## **Current Mailing Address:**

6100 HAYES ST HOLLYWOOD, FL 33024 US

DOCUMENT# N2200000322

### FEI Number: 88-0906582

UNITED STATES CORPORATION AGENTS, INC. 476 RIVERSIDE AVE. JACKSONVILLE, FL 32202 US

Name and Address of Current 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

### **Officer/Director Detail :**

Title	PD	Title	SD
Name	CRUDUP, SONYA M	Name	HESSLER, CAROL A.
Address	415 PALM CIR E	Address	7899 NW 18TH COURT
City-State-Zip:	PEMBROKE PINES FL 33025	City-State-Zip:	MARGATE FL 33063

02/05/2024 Date

FILED Feb 05, 2024 Secretary of State 3275732068CC

Certificate of Status Desired: No

Date

# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

PRESIDENT