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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

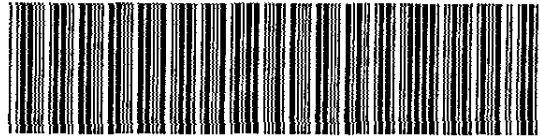
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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F04-1231
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVM DYNAMICS INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vitali Anissovets
(Name of Person)
AVM DYNAMICS INC.
(Firm/Company)
8655 Northwest 21 Terrace #326
(Address)
Miami, Florida 33122
(City/State and Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Vitali Anissovets at (416) 939-1721
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AVM Dynamics Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

AVM Dynamics Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Province of Ontario, Canada 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Dec. 31, 2001 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 388 Bloor St. East 1701, Toronto, ON Canada M4W3W9
(Principal office address)

8655 Northwest 21 Terrace #326 Miami, FL 33122
(Current mailing address)

8. Software development and consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Vitali Anissovets

Office Address: 8655 Northwest 21 Terrace #326
Miami, Florida 33122
(City) (Zip code)

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TALLAHASSEE
FLORIDA

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10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

B. Anissovets
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Vitali Anissovets

Address: 388 Bloor St. East 1701

Toronto, Ontario, Canada M4W 3W9

Director: _____

Address: _____

B. OFFICERS

President: Vitali Anissovets

Address: _____

Vice President: _____

Address: _____

Secretary: Vitali Anissovets

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *B. Anissovets*
(Signature of Director or Officer listed in number 12 of the application)

14. Vitali Anissovets, Director
(Typed or printed name and capacity of person signing application)

Request ID: 005823473
Demande n° :
Transaction ID: 22882551
Transaction n°:
Category ID: CT
Catégorie :

Province of Ontario
Province de l'Ontario
Ministry of Consumer and Business Services
Ministère des Services aux consommateurs et aux entreprises
Companies and Personal Property Security Branch
Direction des compagnies et des sûretés mobilières

Date Report Produced: 2004/02/10
Document produit le :
Time Report Produced: 09:46:30
Imprimé à :

CERTIFICATE OF STATUS ATTESTATION DU STATUT JURIDIQUE

This is to certify that according to the records of the Companies and Personal Property Security Branch

D'après les dossiers de la Direction des compagnies et des sûretés mobilières, nous attestons que la société

A V M D Y N A M I C S I N C .

Ontario Corporation Number

Numéro matricule de la société (Ontario)

0 0 1 5 0 8 7 8 8

is a corporation incorporated, amalgamated or continued under the laws of the Province of Ontario.

est une société constituée, prorogée ou née d'une fusion aux termes des lois de la Province de l'Ontario.

The corporation came into existence on

La société a été fondée le

D E C E M B E R 3 1 D É C E M B R E , 2 0 0 1

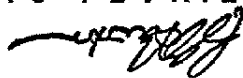
and has not been dissolved.

et n'est pas dissoute.

Dated

Fait le

F E B R U A R Y 1 0 F É V R I E R , 2 0 0 4



Director
Directrice