
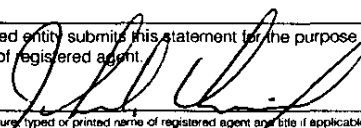
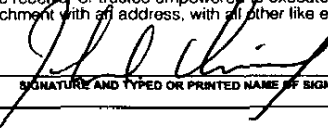


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90036 005 ***150.00

DOCUMENT # G64109			
1. Entity Name DYNAMIC GROWTH, INC.			
Principal Place of Business 162 SW 145TH DRIVE 11 NEWBERRY, FL 32669 US		Mailing Address 162 SW 145TH DRIVE 11 NEWBERRY, FL 32669 US	
2. Principal Place of Business - No P.O. Box # 12830 NW 11 th PLACE Suite, Apt. #, etc. NEWBERRY, FL City & State 32669 Zip Country USA		3. Mailing Address 12830 NW 11 th PLACE Suite, Apt. #, etc. NEWBERRY, FL City & State 32669 Zip Country USA	
6. Name and Address of Current Registered Agent QUIMBY, JOHN A 162 SW 145TH DRIVE NEWBERRY, FL 32669		7. Name and Address of New Registered Agent Name JOHN QUIMBY Street Address (P.O. Box Number is Not Acceptable) 12830 NW 11 th PLACE City NEWBERRY FL Zip Code 32669	
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:  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCHARD, HELEN J 162 SW 145TH DRIVE #11 NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HELEN J. BLANCHARD 12830 N.W. 11 th PL. NEWBERRY, FL. 32669 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. S.T. JOHN A QUIMBY 12830 NW 11 th PL. NEW BERRY, FL. 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/08/08 (352) 225-3966 Daytime Phone #	