## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2005 8:00 am Secretary of State

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DOCUMENT # P0000034651  1. Entity Name DYNAMIC SOLUTIONS GROUP, INC.								01-14-200	3 90008 044 °	13	0.00
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Principal Place						FACCA	A A A A	~			
1022 MAIN S Dunedin, Fl	P 0 BOX 1027 CLEARWATER, FL 3375	)X 1027 Nater, FL 33757-1027					50002	6Ut	j		
00.120.11,12		•			48(1) 88(1) 88(1) 88(1) 81		<b></b>				
2. Principal P											
2. Principal Place of Business 3. Mailing Address									REII MAINEN IJJA MIRIN MIIKI		BI II 18B)
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042005	Chg-P	CR2E034 (10	)/03)	
City & State			City & State				4. FEI Numb 59-364			<del></del>	olied For Applicable
Zip	Country		Zip Coun		itry	5. Certificate of Status Desire			d S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered Agent		
CONNELLY, JOHN P 624 CHESTNUT ST 100 TURNER Street CLEARWATER, FL 33756					Name Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER, PL 33730											
					City			FL Zip Code			
<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent.</li> </ol>								th, in the State of F	lorida. I am familia	r with, ε	and accept
The state of the s											
SIGNATURE  (Signature, typed or printed name of registered agent and title if applicable, up, dec.) (NOTE: Registered Agent signature required when refristating)											
9. Election Campaign Financing After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  7. Why.  8. Solution See See See See See See See See See Se											
10.	11.	r,	1	ADDITIONS	L /CHANGES TO OF	FICERS AND DIRE	CTORS	IN 11 11 11			
TITLE	P Delete				Ε ,				<b>⊠</b> ¢	hange	☐ Addition
NAME STREET ADDRESS	WATT, JAMES M   IO22 MAIN STREET, STE K				EET ADDRESS						
CITY-ST-ZIP						Dun	edin,FL	34698			
TITLE	VP Delete				E				<b>□3</b> .0	hange	Addition
NAME STREET ADDRESS	CONNELLY, JOHN P  624 CHESTNUT STREET				EET ADDRESS	100 1	00 Turner Street				
CITY-ST-ZIP	i e e e e e e e e e e e e e e e e e e e					,,,,,	, , , ,				
TITLE	S		☐ Delete	TITL					<b>⊠</b> 0	hange	Addition
STREET ADDRESS	HOLLOW	NAM STRE	ie Eet address	iño	Turñer S	treet			25		
CITY-ST-ZIP						.00					
TITLE	T	***************************************	☐ Delete	TITL	E				<b>⊠</b> .c	hange	Addition
name Street address	CONNELLY, JOHN P				ie Eet address	100	Turner	Street			
CITY-ST-ZIP	ESS <del>624 CHESTNUT STREET</del> CLEARWATER, FL 33756				-ST-ZIP		1021				Ì
TITLE	\		☐ Delete	TITL	E	-			C	hange	☐ Addition
NAME				NAM	ie Eet address						
STREET ADDRESS CITY-ST-ZIP	·		<u> </u>	3	-ST-ZIP				1,1,		i,v
- TITLE		9,171388761	Delete		E		N DIMBY	granter:	<u>od 3 y 4 jo </u> g		
NAME STREET ADDRESS CITY-ST-ZIP	in Coret	t was five for one of the con- need for Early Con-Co	n Esouni Campag Tambéna Contr	⊾ B SIKI	EET ADDRESS		POSTAN. rameas				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation 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 epotr 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:											
SIGNAT	IUHE:	SIGNATURE AND TYPED OR PR	INTED NAME DE BIGNING OFFICER	OR DIREC	TOR			Oate	<u> </u>		