2008 FOR PROFIT CORPORATION

SIGNATURE

Mar 26, 2008 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P0000034651 03-26-2008 90027 035 ***158.75 1. Entity Name DYNAMIC SOLUTIONS GROUP, INC. Principal Place of Business Mailing Address 1022 MAIN STREET, STE K P-0-B0X-1027 50001816 CLEARWATER, FL 33757-1027 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1022 MAIN Street Suite, Apt. #; etc. Suite, Apt. #, etc. CR2E034 (12/06) 03242008 Chg-P Suite K City & State 4. FEI Number Applied For Dunedin FL 59-3641510 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required λsΑ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONNELLY, JOHN P Street Address (P.O. Box Number is Not Acceptable) 100 TURNER ST CLEARWATER, FL 33756 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regured when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME WATT, JAMES M NAME AX STREET ADDRESS 1022 MAIN STREET, STE K STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change Addition CONNELLY, JOHN P NAME NAME STREET ADDRESS 100 TURNER STREET STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP Secretary TITLE Delete TIFLE Change ☐ Addition HOLLOWAY: ALANA Ian Ross NAME NAME 50 E. washington St., Suite HOD STREET ADDRESS 100 TURNER STREET STREET ADORESS CITY-ST-ZIP CLEARWATER-FL 33756 Chicago, IL CITY-ST-ZIP 60602 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONNELLY, JOHN P NAME NAME STREET ADDRESS 100 TURNER STREET STREET ADDRESS CITY - ST - ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete THE TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of 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.

FILED