

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 30, 2005
Secretary of State**

DOCUMENT# P01000038600

Entity Name: DYNAMIC FILL AND MATERIAL, INC.

Current Principal Place of Business:

340 LEE RD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

340 LEE RD.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3910897 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINMAN, SANFORD L
340 LEE RD.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

JARB, MIKE
340 LEE ROAD
JACKSONVILLE, FL 32225 US

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: MIKE JARB 11/30/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ITANI, YAHIA
Address: 340 LEE RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV (X) Delete
Name: ITANI, FATMEH
Address: 340 LEE RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS (X) Delete
Name: ITANI, CONNIE
Address: 340 LEE RD.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JARB, MIKE
Address: 340 LEE RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE JARB P 11/30/2005

Electronic Signature of Signing Officer or Director Date