2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 08:00 AM DOCUMENT # P94000046501 Secretary of State 1. Entity Name HOME DYNAMICS CORPORATION Principal Place of Business Mailing Address 4788 W COMMERCIAL BLVD 4788 W COMMERCIAL BLVD TAMARAC, FL 33319 US TAMARAC, FL 33319 US No Chg-P CR2E034 (11/05) 02202006 4. FEI Number Applied For 65-0499504 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STREIT, THOMAS E DO NOT WRITE 222 LAKEVIEW AVE. STE, 400 IN THIS SPACE WEST PALM BEACH, FL 33401 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 apent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIS FEE IS \$150.00 U000008469865 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCHACK, DAVID J NAME STREET ADDRESS 4810 W. COMMERCIAL BLVD. CITY - \$7 - 21P TAMARAC, FL 33319 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP WEF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes of further certify that the information indicated on this report or supplemental report is tree 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 endowed to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ANISE AND TOPIETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

954-484-48

FILED