## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT** FILED Mar 09, 2007 08:00 A Secretary of State DOCUMENT # P94000046501 HOME DYNAMICS CORPORATION Principal Place of Business Mailing Address 4788 W COMMERCIAL BLVD 4788 W COMMERCIAL BLVD TAMARAC, FL 33319 US TAMARAC, FL 33319 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 03022007 No Chg-P 4. FEI Number 65-0499504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired कुँद्र १५ कुँद्र कुर्के हो हो। इ. १४ सम्बद्ध हो १ व के कुँद्रों है। विद्रार्थ 6. 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 agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UDDDDDD661228 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE SCHACK, DAVID J NAME STREET ADDRESS 4810 W. COMMERCIAL BLVD. CITY-ST-ZIP TAMARAC, FL 33319 TITLE NAME STREET ADDRESS CITY+ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 they 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 a other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPE OF TED NAME OF SIGNING OFFICER OR DIRECTOR