

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016364

FILED
Jan 04, 2007
Secretary of State

Entity Name: DYNASTY COLLECTIBLES, INC.

Current Principal Place of Business:

9401 WEST COLONIAL DRIVE
SUITE 504
OCOOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

9401 WEST COLONIAL DRIVE
SUITE 504
OCOOE, FL 34761 US

New Mailing Address:

FEI Number: 65-0644785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRPURI, HARISH L
P.O. BOX 1588
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

MIRPURI, HARISH
1250 BELFIORE WAY
WINDERMERE, FL 34786 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: HARISH MIRPURI

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: MIRPURI, HARISH L
Address: 9401 W. COLONIAL DR. STE. 504
City-St-Zip: OCOOE, FL 34761

Title: DV () Delete
Name: MIRPURI, RAM
Address: 11401 PINES BLVD., STE. 114
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DT () Delete
Name: MIRPURI, GITA
Address: 11401 PINES BLVD., STE. 114
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MIRPURI, HARISH
Address: 9401 W. COLONIAL DR. STE. 504
City-St-Zip: OCOOE, FL 34761

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 Chapter 119, 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: HARISH MIRPURI

DPS

01/04/2007

Electronic Signature of Signing Officer or Director

Date