

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016364

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: DYNASTY COLLECTIBLES, INC.

**Current Principal Place of Business:**

1067 S. CLARKE ROAD  
OCOEE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1588  
WINDERMERE, FL 34786 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  
1250 BELFIORE WAY  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MIRPURI, HARISH  
Address: 1067 S. CLARKE ROAD  
City-St-Zip: OCOEE, FL 34761 US

Title: VPT ( ) Delete  
Name: MIRPURI, RESHMA  
Address: 1067 S. CLARKE ROAD  
City-St-Zip: OCOEE, FL 34761 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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

03/25/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date