


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90028 029 \*\*\*150.00

<b>DOCUMENT # P96000103828</b>			
1. Entity Name <b>DYNAMICS IN HEALING, INC.</b>			
Principal Place of Business <b>7222 S. TAMIAMI TRAIL STE 101 SARASOTA-FL 34231</b>		Mailing Address <b>P.O. BOX 2720 SARASOTA FL 34230</b>	
2. Principal Place of Business <b>2426 BEE RIDGE RD</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>B</b>		Suite, Apt. #, etc.	
City & State <b>SARASOTA</b>		City & State	
Zip <b>34239</b>	Country <b>USA</b>	Zip	Country

**14000172**



MOORE CR2E034 (11/03)

4. FEI Number <b>65-0720711</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>SHAMES, CHERYL 324 PAVONIA RD. NOKOMIS FL 34275</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

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 *Cheryl Shames, President / CHERYL SHAMES* **03/12/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHAMES, CHERYL 324 PAVONIA RD. NOKOMIS FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 all other like empowered.

SIGNATURE: *Cheryl Shames / CHERYL SHAMES* **03/12/04** **941-926-9880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #