


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000097267**  
1. Entity Name  
**DYNAMIC PATHWAYS, INC.**



Principal Place of Business  
**P O BOX 8117  
CORAL SPRINGS, FL 33075**

Mailing Address  
**P O BOX 8117  
CORAL SPRINGS, FL 33075**



**DO NOT WRITE IN THIS SPACE**

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0962574** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**DOMZALSKI, ROBERT A  
11640 NW 56TH DR., APT. 112  
CORAL SPRINGS, FL 33076**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**


U00000092394  
03/19/04-80007-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	GM DOMZALSKI, ROBERT 10030 NW 37TH ST POMPANO BEACH, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO MORAN, RONALD E 29644 MORWEN PLACE ZEPHYRHILLS, FL 33543
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or other like empowered.

**SIGNATURE:**  **3/16/04 954-345-6265**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #