


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 02, 2004 08:00 AM  
Secretary of State

**DOCUMENT # M88488**  
1. Entity Name  
DYNAMIC TOUCH, INC.



Principal Place of Business  
1588 THORNHILL CIRCLE  
OVIDO, FL 32765

Mailing Address  
1588 THORNHILL CIRCLE  
OVIDO, FL 32765

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2898766

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CROWELL, STEWART R.  
1588 THORNHILL CIRCLE  
OVIDO, FL 32765

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

U00000029435  
02/04/04-BOOEE-010 150.00

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>CROWELL, STEWART R.<br>1588 THORNHILL CIRCLE<br>OVIDO, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVS<br>CROWELL, LILY A.<br>1588 THORNHILL CIRCLE<br>OVIDO, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>CROWELL, LILY A.<br>1588 THORNHILL CIRCLE<br>OVIDO, FL     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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: Lily Crowell - Lily Crowell 1/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #