2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 02, 2004 08:00 AM **DOCUMENT # M88488** Secretary of State DYNAMIC TOUCH, INC. Principal Place of Business Mailing Address 1588 THORNHILL CIRCLE 1588 THORNHILL CIRCLE OVIEDO, FL 32765 OVIEDO, FL 32765 CR2E034 (10/03) 01072004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2898766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CROWELL, STEWART R. DO NOT WRITE 1588 THORNHILL CIRCLE OVIEDO, FL 32765 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. Signature, typed or printed name of registered agent and fille if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000029435 Trust Fund Contribution. Added to Fees 02<u>/04/04-80066-010_150_00</u> 10. OFFICERS AND DIRECTORS TITLE CROWELL, STEWART R. NAME STREET ADDRESS 1588 THORNHILL CIRCLE OVIEDO, FL CITY-ST-ZIP DVS TITLE CROWELL, LILY A. NAME STREET ADDRESS 1588 THORNHILL CIRCLE CITY-ST-ZIP OVIEDO, FL THLE CROWELL, LILY A. NAME 1588 THORNHILL CIRCLE STREET ADDRESS DO NOT WRITE CITY-57-21P OVIEDO, FL IN THIS SPACE TETLE NAME STREET ADDRESS CITY-ST-DP TITLE HARAGE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

130/04

Davison Phone B