


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 004 ***158.75

DOCUMENT # P07000001868	
1. Entity Name DYNAMIC TOWERS INC.	

Principal Place of Business 575 NW MERCANTILE PLACE UNIT A-4 PORT SAINT LUCIE, FL 34986	Mailing Address 575 NW MERCANTILE PLACE UNIT A-4 PORT SAINT LUCIE, FL 34986
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2. Principal Place of Business - No P.O. Box # 575 NW Mercantile Place	3. Mailing Address 575 NW Mercantile Place
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Port Saint Lucie, FL	City & State Port Saint Lucie, FL
Zip 34986 Country USA	Zip 34986 Country USA

04152008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8159614 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent TAYLOR, RUTH E 575 NW MERCANTILE PLACE UNIT A-4 PORT SAINT LUCIE, FL 34986	
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7. Name and Address of New Registered Agent Name Taylor Ruth E Street Address (P.O. Box Number is Not Acceptable) 575 NW Mercantile Place Suite 104 City Port St. Lucie FL Zip Code 34986	
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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 *Ruth E Taylor* DATE **4-15-08**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYCOCK, KEVIN T 5792 NW COOSA DRIVE PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Williams, Woodie G 9275 Edgemont Lane Boca Raton, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD, AARON L 1462 SW APACHE AVE PORT SAINT LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGGERTY, MICHAEL F 15846 CITRUS GROVE BLVD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* DATE **4/15/08** 7723709817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #