

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 352647

FILED
Jan 23, 2004
Secretary of State

Entity Name: DYNAMOTIVE KAR KLINIK INC

Current Principal Place of Business:

427 SOUTH NIEMAN AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

427 SOUTH NIEMAN AVENUE
MELBOURNE, FL 32901

New Mailing Address:

370 HALEY DRIVE
MURPHY, NC 28906

FEI Number: 59-1275424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEY A. BOLES
2235 MACEDO RD NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

WILEY A. BOLES
2435 ST JOHN LANE
MELBOURNE, FL 32935 US

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.

SIGNATURE:

01/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLES, WILEY A.,
Address: 3048 SAVANNAH WAY #103
City-St-Zip: MELBOURNE, FL 32935

Title: ST () Delete
Name: BOLES, DOREEN,
Address: 3048 SAVANNAH WAY #103
City-St-Zip: MELBOURNE, FL 32935

Title: V () Delete
Name: LARSON, JEROLD D
Address: 1356 RILA STR SE
City-St-Zip: PALM BAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BOLES, WILEY A.,
Address: 2435 ST JOHN LANE
City-St-Zip: MELBOURNE, FL 32935

Title: ST (X) Change () Addition
Name: BOLES, DOREEN,
Address: 2435 ST JOHN LANE
City-St-Zip: MELBOURNE, FL 32935

Title: V (X) Change () Addition
Name: LARSON, JEROLD D
Address: 1356 RILA STR SE
City-St-Zip: PALM BAY, FL 32909

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILEY A. BOLES

P

01/23/2004

Electronic Signature of Signing Officer or Director

Date