2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 671876

1. Entity Name
CORPORATE DYNAMICS, INC.

Principal Place of Business	Mailing Address
2009 N PARK RD HOLLYWOOD, FL 33021 US	2009 N PARK RD HOLLYWOOD, FL 33021 US

DO NOT WRITE IN THIS SPACE

01182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2069560	Not Applicable

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

6. Name and Address of Current Registered Agent

SORIN, HERMAN I
2009 N PARK ROAD
HOLLYWOOD, FL 33021

**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 X _Herman V Sori_

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

Jan. 23, 2006   DATE

**FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SORIN, HERMAN I
STREET ADDRESS	2009 N PARK ROAD
CITY-ST-ZIP	HOLLYWOOD, FL 00000,

TITLE	D
NAME	SORIN, LILLIAN M
STREET ADDRESS	2401 SOUTH OCEAN DRIVE, SUITE 2608
CITY-ST-ZIP	HOLLYWOOD, FL

N/A

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: X _Lillian V Sori_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 23, 2006   Date   Daytime Phone #