

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90010 017 ***150.00

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01092004 Chg-P CR2E034 (10/03)

DOCUMENT # F02000002486							
1. Entity Name NETWORK DYNAMICS INC.							
Principal Place of Business 4025 TAMPA RD., STE. 1118 OLDSMAR, FL 34677			Mailing Address 4025 TAMPA RD., STE. 1118 OLDSMAR, FL 34677				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 36-3941419			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BRADSHAW, L. JAMES 4025 TAMPA RD., STE. 1118 OLDSMAR, FL 34677			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COMMICK, PETER	NAME	COMMICK				
STREET ADDRESS	2430 COFFEE POT BLVD.	STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG, FL 32704	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	JONES, KIM C	NAME					
STREET ADDRESS	3808 S. KENWOOD AVE.	STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP					
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BRADSHAW, JAMES	NAME					
STREET ADDRESS	2818 ROEHAMPTON	STREET ADDRESS					
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	CITY-ST-ZIP					
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	REAGAN, PETER	NAME					
STREET ADDRESS	92 BEACH ST.	STREET ADDRESS					
CITY-ST-ZIP	COHASSET, MA 02025	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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: _____		Date: 1/13/04		Daytime Phone: 813.818.8597			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							