


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002486 1. Entity Name NETWORK DYNAMICS INC.	
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Principal Place of Business 4025 TAMPA RD., STE. 1118 OLDSMAR, FL 34677	Mailing Address 4025 TAMPA RD., STE. 1118 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3941419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADSHAW, L. JAMES
4025 TAMPA RD., STE. 1118
OLDSMAR, FL 34677

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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 _____
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, 2005 Fee will be \$550.00**

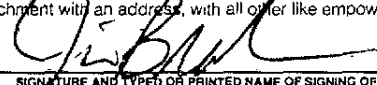
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cammick, Peter 2430 COFFEE POT BLVD. ST. PETERSBURG, FL 32704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jones, Kim C 3808 S. KENWOOD AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bradshaw, James 2818 ROEHAMPTON TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS Reagan, Peter 92 BEACH ST. COHASSET, MA 02025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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1100000278851
03/28/05-80043-021 150.00

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: 3/24/05 Daytime Phone #: 8138188597