


2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-08-2008 90017 032 ***150.00
F02000002486
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000002486 1. Entity Name NETWORK DYNAMICS INC.	
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Principal Place of Business 640 BROOKERCREEK BLVD STE410 OLDSMAR, FL 34677	Mailing Address 640 BROOKERCREEK BLVD STE410 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



06242008 No Chg-P CR2E034 (11/05)

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 640 BROOKER CREEK BLVD STE 410 OLDSMAR, FL 34677	DO NOT WRITE IN THIS SPACE
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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 Agents signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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	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	<i>9/16</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #