

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005367

FILED
Apr 30, 2004
Secretary of State

Entity Name: DYNACS MILITARY DEFENSE, INC.

Current Principal Place of Business:

35111 US HWY 19 NORTH
SUITE 300
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

35111 US HWY 19 NORTH
SUITE 300
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 22-3879317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BORGES, DAVID
Address: 309 LAEKVIEW TERRACE
City-St-Zip: PALM HARBOR, FL 34683

Title: VD () Delete
Name: VENUGOPAL, RAVI
Address: 10424 GREENHEDGES DRIVE
City-St-Zip: TAMPA, FL 33626

Title: D (X) Delete
Name: ISKANDER, MAGUED
Address: 2172 PARKMOUNT BLVD.
City-St-Zip: OAKVILLE ONTARIO CANADA,

Title: D () Delete
Name: MAKIM, HITEN
Address: 37 GENNELA SQUARE
City-St-Zip: SCARBOROUGH ONTARIO CANADA,

Title: D () Delete
Name: WELCH, JOHN J JR.
Address: 6402 GOLFLEAF DRIVE
City-St-Zip: BETHESDA, MD 20817

Title: D () Delete
Name: CUNNINGHAM, CHARLES J JR.
Address: 6307 CHAUCER LANE
City-St-Zip: ALEXANDRIA, VA 22304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BORGES, DAVID
Address: 309 LAEKVIEW TERRACE
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change () Addition
Name: CAGLE, CLIFF
Address: 1300 HERCULES DRIVE
City-St-Zip: HOUSTON, TX 77058

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID BORGES

PSD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date