2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005367

Entity Name: DYNACS MILITARY DEFENSE, INC.

FILED May 24, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
35111 US HWY 19 NORTH SUITE 300 PALM HARBOR, FL 34684				9111 EDMONSTON RD. SUITE 405 GREENBELT, MD 20770		
Current Mailing Address:				New Mailing Address:		
35111 US HWY 19 NORTH SUITE 300 PALM HARBOR, FL 34684			1300 HERCULES DRIVE SUITE 210 HOUSTON, TX 77058 US			
FEI Number:	22-3879314	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US 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						
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	PSD () D BORGES, DAVID 309 LAEKVIEW T PALM HARBOR, I	ERRACE		Title: Name: Address: City-St-Zip:	BORGES, DAVII	FON ROAD, SUITE 405
Title: Name: Address: City-St-Zip:	D () CAGLE, CLIFF 1300 HERCULES HOUSTON, TX 7			Title: Name: Address: City-St-Zip:	ISKANDER, MAG	FON ROAD, SUITE 405
Title: Name: Address: City-St-Zip:	MAKIM, HITEN 37 GENNELA SQ	Delete UARE ONTARIO CANADA,		Title: Name: Address: City-St-Zip:	MAKIM, HITEN	Change () Addition FON ROAD, SUITE 405 ID 20770
Title: Name: Address: City-St-Zip:	D () E WELCH, JOHN J 6402 GOLFLEAF BETHESDA, MD	DRIVE		Title: Name: Address: City-St-Zip:	WELCH, JOHN	FON ROAD, SUITE 405
Title: Name: Address: City-St-Zip:	D () C CUNNINGHAM, C 6307 CHAUCER I ALEXANDRIA, VA	LANE		Title: Name: Address: City-St-Zip:	CUNNINGHAM,	TON ROAD, SUITE 405
Title: Name: Address: City-St-Zip:	() [Delete		Title: Name: Address: City-St-Zip:	BOST, SONYIA	Change (X) Addition TON ROAD, SUITE 405 ID 20770

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: SONYIA BOST T 05/24/2005