


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002063 1. Entity Name DYNAMIC MORTGAGE BANKERS, LTD. CORP.	
--	---

Principal Place of Business 1025 OLD COUNTRY ROAD WESTBURY, NY 11590	Mailing Address 1025 OLD COUNTRY ROAD WESTBURY, NY 11590
--	--



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3939202	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARDS, RUEL 8320 MURIHEAD CIRCLE BAYNTON, FL 33437	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 RUEL Richards AS IS 8/10/05
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 Due by September 7, 2005	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.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC FLOWER, R.J. 127 WARWICK ROAD BRONXVILLE, NY 10708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOWER, ROB 235 EAST 89TH STREET, #5FS NEW YORK, NY 10128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLOWER, ANGELA 127 WARWICK ROAD BRONXVILLE, NY 10708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: <u>Robert Flower</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/10/2005 Date	516-333-6455 Daytime Phone #
--	-------------------	---------------------------------