2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002063

FILED Apr 28, 2006 Secretary of State

Entity Nar	ne: DYNAMI	C MORTGAGE BANKERS, LT	D. CORP.		
Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	COUNTRY R RY, NY 11590		SUITE 304	1025 OLD COUNTRY ROAD SUITE 304 WESTBURY, NY 11590	
Current M	ailing Addre	ss:	New Mailing Address	New Mailing Address:	
1025 OLD COUNTRY ROAD WESTBURY, NY 11590			SUITE 304	1025 OLD COUNTRY ROAD SUITE 304 WESTBURY, NY 11590	
FEI Number:	13-3939202	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	S, RUEL IHEAD CIRCI , FL 33437	E US			
	named entity of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUF					
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PC (FLOWER, R.J 127 WARWIC		Title: PC Name: FLOWER, RC Address: 127 WARWIG		

Name:

Address:

City-St-Zip:

City-St-Zip: BRONXVILLE, NY 10708 City-St-Zip: BRONXVILLE, NY 10708

() Delete Title: (X) Change () Addition

FLOWER, ROB FLOWER, ROBERT J Name: Name: Address: 235 EAST 89TH STREET, #5FS Address: 235 EAST 89TH STREET, #5FS NEW YORK, NY 10128 NEW YORK, NY 10128 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

FLOWER, ANGELA Name: 127 WARWICK ROAD Address: BRONXVILLE, NY 10708 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT JAMES FLOWER VΡ 04/28/2006