2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H05664

1. Entity Name
DYNAMIC RESOURCE MANAGEMENT CORPORATION



FILED Jan 22, 2008 08:00 A Secretary of State

Principal Place of Business

15530 MEADOW WOOD DRIVE WEST PALM BEACH, FL 33414

Mailing Address

P. O. BOX 17426

WEST PALM BEACH, FL 33416



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

FEI Number
 59-2401418

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIELEN, GERALD F. 15530 MEADOW WOOD DRIVE WEST PALM BEACH, FL 33414

DO NOT WRITE IN THIS SPACE

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	e named entity submits this statement for the prations of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered Ag	ent signatur	required when reinstaling)	DATE	
	LE NOWIII FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIELEN,GERALD F. 15530 MEADOW WOOD DR WEST PALM BEACH, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIELEN, ANN 15530 MEADOW WOOD DR WEST PALM BEACH, FL 33414				000000790753 01./23./08-80047-012 150.00 DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALD BIELEN

1/12/08

561-798-9759

Daytime Phone #