2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 08:00 All Secretary of State

DOCUMENT # J07517 1. Entity Name DYNAMIC AIR, INC.	Secretary of S
Principal Place of Business Mailing Address 3377 NORTH WEST 23RD ST 3377 NORTH WEST 23RD ST LAUDERDALE LAKES, FL- 33311 LAUDERDALE LAKES, FL 33311	
DO NOT WRITE IN THIS SPACE 04072008 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2665721 Appli Not A	
*	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent	
GORDON, KENNETH A. 3377 NW 23RD ST LAUDERDALE LAKES, FL 33311 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign F	
10. OFFICERS AND DIRECTORS	
NAME GORDON, KENNETH A. STREET ADDRESS 3377 NW 23RD ST CITY-ST-ZIP LAUDERDALE LAKES, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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 filing 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: KENNETH GORDON 4-7-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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NAME STREET ADDRESS