


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # K52038
1. Entity Name
DYNO-POWER, INC.



Principal Place of Business: C/O RON T. SABLICK, 310 RIDGEWOOD AVE., HOLLY HILL, FL 32117
Mailing Address: C/O RON T. SABLICK, 310 RIDGEWOOD AVE., HOLLY HILL, FL 32117



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2927989 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TABAKU, HYSEN
310 RIDGEWOOD AVE.
HOLLY HILL, FL 32117

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
0700010535848 05/08/06-80063-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TABAKU, HYSEN
STREET ADDRESS	726 SANTA FE AVE.
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	D
NAME	TABAKU, GERTA Q.
STREET ADDRESS	726 SANTA FE AVE.
CITY-ST-ZIP	ORMOND BEACH, FL
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 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: *Gerta Tabaku* DATE: *4-24-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386
258-3330
Daytime Phone #