

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035929

FILED
May 02, 2008
Secretary of State

Entity Name: DYNAMIX PRODUCT DEVELOPMENT & MARKETING GROUP, LLC

Current Principal Place of Business:

915 DOYLE ROAD
#303 SUITE 107
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

C/O PFP, LLC 915 DOYLE ROAD
#303 SUITE 107
DELTONA, FL 32725

New Mailing Address:

FEI Number: 20-4575189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PHELPS, RUTH H MGR
1516 FORT SMITH BULIVARD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

ARTHUR GRAHAM
444 SEABREEZE BLVD
SUITE 1001
DAYTONA BEACH, FL 32118 US

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.

SIGNATURE: ARTHUR GRAHAM

05/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PFP, LLC,
Address: 915 DOYLE ROAD #303 SUITE 107
City-St-Zip: DELTONA, FL 32725

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DRAKE, DOUGLAS D CEO
Address: 915 DOYLE ROAD #303 SUITE 107
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID PHELPS

MGRM

05/02/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date