

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06923

FILED
May 03, 2004
Secretary of State

Entity Name: DYNASYS CORPORATION

Current Principal Place of Business:

800 BELLEAIR RD
CLEARWATER, FL 34616

New Principal Place of Business:

800 BELLEAIR RD
CLEARWATER, FL 33756

Current Mailing Address:

800 BELLEAIR RD
CLEARWATER, FL 34616

New Mailing Address:

800 BELLEAIR RD
CLEARWATER, FL 33756

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKETT, BOBBY R
1960 SADDLE HILL, NORTH
SUITE 1
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SCHER, ROBERT A.,
Address: 1840 OAK CREEK DR
City-St-Zip: DUNEDIN, FL

Title: VD () Delete
Name: BURKETT, BOBBY R.,
Address: 1960 SADDLE HILL, NORTH
City-St-Zip: DUNEDIN, FL

Title: D () Delete
Name: GRAJALES, TOMAS E.,
Address: 1614 SHEFFIELD DR
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: SCHER, ROBERT A
Address: 1840 OAK CREEK DR
City-St-Zip: DUNEDIN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBBY R. BURKETT

VD

05/03/2004

Electronic Signature of Signing Officer or Director

Date