


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90081 032 ***150.00

DOCUMENT # L33008

1. Entity Name
DYNAMIC AIR DESIGNS & SERVICES, INC.



Principal Place of Business
 3800 SILVER STAR RD
 A
 ORLANDO, FL 32808 US

Mailing Address
 3800 SILVER STAR RD
 A
 ORLANDO, FL 32808 US

24002769



2. Principal Place of Business

3. Mailing Address
P.O. Box 680818

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL

4. FEI Number
59-2982513

Applied For
 Not Applicable

Zip
32868

Country
U.S.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRAY, MILTON
2220 GREENVIEW CIR
ORLANDO, FL 32808

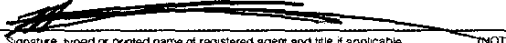
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: **1/14/04**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAY, MILTON 2220 GREENVIEW DR ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: **1/14/04** DAYTIME PHONE #: **407-292-4592**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR