
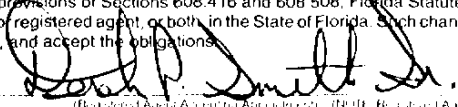
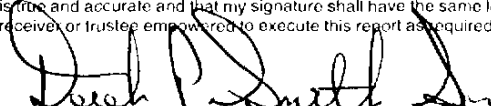


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DYNAMIC PRODUCTS AND SERVICES LLC 1103 SCHAFER TRAIL OVIEDO FL 32765		DOCUMENT # L98000000315	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address 10027 SPRING LANE ST 703 Houston TX 77072 Country USA	
3. Date Organized or Qualified 03/16/1998		3a. State of Formation FL <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
4. FEI Number		5. Date of Last Report	
6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>			
7. Name and Address of Current Registered Agent SMITH, DEREK P SR 1103 SCHAFER TRAIL OVIEDO FL 32765		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE 		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MBR	SMITH, DEREK P SR	1103 SCHAFER TRAIL	OVIEDO FL
MBR	SMITH, KAREN R	1103 SCHAFER TRAIL	OVIEDO FL
11. I do 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 annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 			

FILED
APR 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA