2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # M49896 1. Entity Name ORGANIZATION DYNAMICS INTERNATIONAL, INC. Principal Place of Business Mailing Address 3605 SOUTH OCEAN BLVD. 3605 SOUTH OCEAN BLVD. APT.208-B APT.208-B SOUTH PALM BEACH, FL 33480 SOUTH PALM BEACH, FL 33480

COFFEY, THOMAS

SIGNATURE:

APT.208-B

3605 SOUTH OCEAN BLVD.

SOUTH PALM BEACH, FL 33480

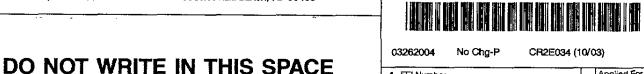
FILED Mar 29, 2004 08:00 AM Secretary of State

Applied For

\$8.75 Additional

Fee Required

Not Applicable



4. FEI Number

59-2789723

. Certificate of Status Desired

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	5
6. Name and Address of Current Registered Agent	

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.	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered	Apent signature	required when remata(ing)	DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COFFEY, THOMAS 3605 SO. OCEAN BLVD. SO. PALM BEACH, FL		·	÷			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COFFEY, MARY E. 3605 SO. OCEAN BLVD. SO. PALM BEACH, FL				U00000099031 03/29/04-80066-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY+ST-ZIP			r — —	. ,			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.							

THOMAS COFFE