

ANNUAL REPORT (AR)

DOCUMENT # M49896

1. Entity Name

ORGANIZATION DYNAMICS INTERNATIONAL, INC.



FILED
Feb 22, 2007 08:00 AM
Secretary of State



Principal Place of Business
3605 SOUTH OCEAN BLVD.
APT.208-B
SOUTH PALM BEACH FL 33480

Mailing Address
3605 SOUTH OCEAN BLVD.
APT.208-B
SOUTH PALM BEACH FL 33480

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2789723

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COFFEY, THOMAS
3605 SOUTH OCEAN BLVD.
APT.208-B
SOUTH PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

PTD
COFFEY, THOMAS
3605 SO. OCEAN BLVD.
SO. PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

U00000643684
03/02/07-80024-006 150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VSD
COFFEY, MARY E.
3605 SO. OCEAN BLVD.
SO. PALM BEACH FL

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AS COFFEY

02/16/07

561 533 0592

Date

Daytime Phone #