


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N44978 1. Entity Name DYNAMIC BUSINESS NETWORK, INC.	
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Principal Place of Business 4310 SHERIDAN ST. S-202 HOLLYWOOD FL 33021	Mailing Address 4310 SHERIDAN ST. S-202 HOLLYWOOD FL 33021
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0284819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDRE S. BUTRON 4310 SHERIDAN ST. SUITE 202 HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete POZIN, PHILIP 1040 NW 99 AVE PEMBROKE PINES FL
NAME	PD <input type="checkbox"/> Delete BURTON, ELLEN SUE 4310 SHERIDAN ST. HOLLYWOOD FL
STREET ADDRESS	TD <input type="checkbox"/> Delete BERNARD BURTON 4310 SHERIDAN ST. HOLLYWOOD FL
CITY-ST-ZIP	SD <input type="checkbox"/> Delete BURTON, ANDRE S. 4310 SHERIDAN ST. HOLLYWOOD FL
CITY-ST-ZIP	D <input type="checkbox"/> Delete ATKINS-GRAD, PATRICA 4310 SHERIDAN ST. HOLLYWOOD FL 33221
CITY-ST-ZIP	D <input type="checkbox"/> Delete LEONE, LUCY 4310 SHERIDAN ST. HOLLYWOOD FL 33021

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Andre S. Burton Date: 4/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #