


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90096 016 ***150.00

DOCUMENT # P00000016533	
1. Entity Name DYNAMIC DESIGN ONLINE, INC.	

40073711

Principal Place of Business 6330 ARAGON WAY #102 FORT MEYERS, FL 33966	Mailing Address P.O. BOX 61367 FORT MYERS, FL 33906
1533 SW 15 Place Cape Coral, FL 33991	1533 SW 15 Place Cape Coral, FL 33991



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0992769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ALVAREZ, EVA 6330 ARAGON WAY #102 FORT MEYERS, FL 33966	1533 SW 15 Place Cape Coral, FL 33991

**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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, EVA 6330 ARAGON WAY #102 FORT MEYERS, FL 33966
	1533 SW 15 Place Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ, ELENA 6330 ARAGON WAY #102 FORT MEYERS, FL 33966
	6612 Briley Drive N. Richland Hills Tx 76180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:  **EVA ALVAREZ, Pres.** (239) 362-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #