

FILED Jan 16, 2004 08:00 AM Secretary of State DOCUMENT # P01000050514 1. Entity Name DYNAMIC HOME SALES, INC. Principal Flace of Business Mailing Address 4788 NW COMMERCIAL BLVD 4788 NW COMMERCIAL BLVD TAMARAC, FL 33319 TAMARAC, FL 33319 CR2E034 (10/03) No Chg-P 01062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1109690 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHACK, EDWARD J DO NOT WRITE 23164 SANDLEFOOT PLAZA DR BOCA RATON, FL 33428 IN THIS SPACE The second secon 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 acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent stangure required when reinstating) Sonature, typed or printed name of registered event and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5,00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCHACK, MICHAEL NAME STREET ADDRESS 4788 NW COMMERCIAL BLVD --- U00000006521 CATY-ST-ZIP TAMARAC, FL 33319 W.E NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 cath; that I am an officer or director of the corporation or the receiver of 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

1/13/04 954.484.4800 x