2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072060

11320 SEAGLADE DR.

PENSACOLA, FL 32507

Address:

City-St-Zip:

FILED Feb 09, 2006 Secretary of State

Entity Na	me: DYNAMIC	ANALYSIS INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	AGLADE DR. DLA, FL 32507				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX PENSACC	4733 DLA, FL 32507				
FEI Number	: 59-3732592	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MCLENDON, ENGA M 11320 SEAGLADE DR. PENSACOLA, FL 32507 US			BARR, NANCY M 762 HALCYON CIR PENSACOLA, FL 3250		
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: NANCY M BARR				02/09/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () BARR, BRIAN J 762 HALCYON (PENSACOLA, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () MCLENDON, W 11320 SEAGLAI PENSACOLA, F	DE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () BARR, NANCY N 762 HALCYON (PENSACOLA, F	CIR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	S () MCLENDON, EN	Delete IGA M	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BRIAN J BARR CEO 02/09/2006