2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2008 8:00 am
Secretary of State
07-16-2008 90009 007 ***150.00

DOCUMENT # P01000083261

1. Entity Name
DYNASTY PARTNERS, INC.

4U111199

Principal Place of Business	Mailing Address
10361 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	10361 ROYAL PALM BLVD CORAL SPRINGS, FL 33065

07072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10115 W. Sample Rd	10115 W Sample Rd
Suite, Apt. #, etc: Suite 113	Suite, Apt. #, etc: Suite 113
City & State: Coral Springs, Fl.	City & State: Coral Springs, Fl.
Zip: 33065 Country: Broward	Zip: 33065 Country: Broward

4. FEI Number 65-1137197 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOODRICH, HERMAN L
10351 ROYAL PALM BLVD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: Herman Goodrich
Street Address (P.O. Box Number is Not Acceptable): 10115 W Sample Rd. Suite 113
Coral Springs
City: Coral Springs FL Zip Code: 33065

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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVTS	☐ Delete
NAME	GOODRICH, HERMAN L	
STREET ADDRESS	8049 LAGOS DE CAMPO	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Herman L Goodrich Herman L. Goodrich 7/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #