


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000000994	
1. Entity Name DYNAMIX SPECIALTY DISTRIBUTORS, INC.	

Principal Place of Business 4111 N DAVIS HWY PENSACOLA, FL 32507	Mailing Address P.O. BOX 12924 PENSACOLA, FL 32591-2924
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 01-0578915	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

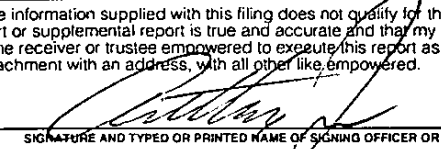
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, ANTHONY R 4111 N DAVIS HWY PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MIGNAULT, DANIEL 6431 CHATHAM VIEW CT WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, SIGURD E 4111 N DAVIS HWY PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIGNAULT, AMAYA 6431 CHATHAM VIEW CT WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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:  6-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 OCT 10 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09-01-05 90002 039 \$150.00

DR 10/11

October 7, 2005

Dynamix Specialty Distributors, Inc.
P.O. Box 12924
Pensacola, FL 32591-2924

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Notice of Dissolution **Document # P02000000994**

Gentlemen:

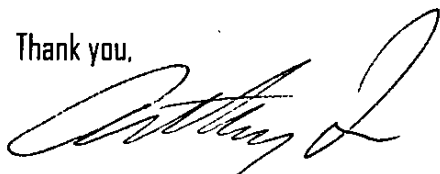
On June 28, 2005 we mailed our 2005 Annual Report including check # 1566 for our Filing Fee of \$150.00 as stated on our return. Said check was deposited into your account on July 1, 2005 and cleared our bank on July 5, 2005. The reference number stamped on the front of our cancelled check is 20060962.

We received a letter from your department dated July 5, 2005 which stated our Return and check had been received, but that the fee was \$650.00. At that time I called your office and was told that the computer had read the form incorrectly and that it would be corrected.

We now have received a Notice of Dissolution. A copy of the filed return and the cancelled check are enclosed as proof that the appropriate amount was submitted in a timely fashion.

We hereby request that you rescind this revocation.

Thank you,

A handwritten signature in black ink, appearing to read 'Anthony R. Jacobs', written in a cursive style.

Anthony R. Jacobs
President

Encl