

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90420 020 ***150.00

DOCUMENT # P02000002617 1. Entity Name TOTAL DYNAMICS CORPORATION					
Principal Place of Business 12303 SW 133 CT. MIAMI, FL 33186			Mailing Address 10441 SW 156 CT, SUITE 425 MIAMI, FL 33196		
2. Principal Place of Business 3390 NE 13 Circle Drive		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. <i>Unit 102</i>		Suite, Apt. #, etc.			
City & State <i>Homestead, FL</i>		City & State		4. FEI Number 02-0540545	
Zip <i>33033</i> Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIO, JUAN CARLOS 10441 SW 156 CT, SUITE 425 MIAMI, FL 33196			7. Name and Address of New Registered Agent Name <i>Rubio, Juan Carlos</i> Street Address (P.O. Box Number is Not Acceptable) <i>3390 NE 13 Circle Drive, Unit 102</i> City <i>Homestead</i> FL Zip Code <i>33033</i>		
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 <i>[Signature]</i> DATE <i>04/20/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIO, JUAN CARLOS 10441 SW 156 CT, STE. 425 MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIO, JUAN CARLOS 3390 NE 13 Circle Drive Unit 102 Homestead, FL, 33033
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIO, CARLOS ALBERTO 10441 SW 156 CT, SUITE 425 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULIDO, ANDREA 3390 NE 13 Circle Drive Unit 102 Homestead, FL, 33033
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULIDO, ANDREA 10441 SW 156 CT, SUITE 425 MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULIDO, ANDREA 3390 NE 13 Circle Drive Unit 102 Homestead, FL, 33033
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENA, CARLOS AUGUSTO 10441 SW 156 CT, SUITE 425 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULIDO, ANDREA 3390 NE 13 Circle Drive Unit 102 Homestead, FL, 33033
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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: <i>[Signature]</i> DATE <i>04/20/06</i> DAYTIME PHONE # <i>786-2189908</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					