

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000028682 1. Entity Name BRACING DYNAMICS, INC.	
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Principal Place of Business 7355 ROYAL PALM BLVD POMPANO BEACH, FL 33063 MARGATE	Mailing Address 7355 ROYAL PALM BLVD POMPANO BEACH, FL 33063 MARGATE
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3634314	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEHON, FREDERIC T JR 5606 PGA BLVD, STE 211 PALM BEACH GARDENS, FL 33418	DO NOT WRITE IN THIS SPACE
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE WILDE, RAYMOND S 7355 ROYAL PALM BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VAN PELT, RICHARD 7355 ROYAL PALM BLVD MARGATO, FL 33063
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/05-80049-009 158.75

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Ray Wilde</i>	03/23/05 561 308 5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #