


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90188 042 ***150.00

DOCUMENT # P02000028721	
1. Entity Name DYNAMIK OPTIONS, INC.	

Principal Place of Business 1474B MARKET ST TALLAHASSEE, FL 32312	Mailing Address 1474B MARKET ST TALLAHASSEE, FL 32312
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2. Principal Place of Business - No P.O. Box # 1403 Market St	3. Mailing Address Game
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee FL	City & State
Zip 32312	Country US



01052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MILLER, DIANNE T 2048 ERMINE DR. TALLAHASSEE, FL 32308	
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4. FEI Number 04-3628825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Miller Dianne T	
Street Address (P.O. Box Number is Not Acceptable) 67 Saw Mill Ct	
City Tallahassee	Zip Code 32327

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, DIANE T		NAME Miller, Dianne T.	
STREET ADDRESS 5725 ROANOKE TRL		STREET ADDRESS 67 Saw Mill Ct	
CITY-ST-ZIP TALLAHASSEE, FL 32312		CITY-ST-ZIP Crawfordville, FL 32327	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALONE, JONATHAN K		NAME Malone, Jonathan K	
STREET ADDRESS 1620 VIEW LANE		STREET ADDRESS 36 CATAWBA TRL	
CITY-ST-ZIP TALLAHASSEE, FL 32301		CITY-ST-ZIP Crawfordville, FL 32327	
TITLE S-T	<input type="checkbox"/> Delete	TITLE S-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Matone, Erin C.	
STREET ADDRESS 		STREET ADDRESS 36 CATAWBA TRL	
CITY-ST-ZIP 		CITY-ST-ZIP Crawfordville, FL 32327	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		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: *Dianne T. Miller, President* 4-1-07 907-0702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #