

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90004 036 ***150.00

DOCUMENT # P02000095599
 1. Entity Name
 DYNAMIC PAVERS INC.



Principal Place of Business Mailing Address
 4781 N CONGRESS AVE 541 SOUTH STATE ROAD 7
 BOYNTON BEACH, FLA. 33426 MARGATE, FL 33068

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
02-0640816	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CUNHA, DENIS
 4781 NORTH CONGRESS AVENUE #254
 BOYNTON BEACH, FL 33426

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUNHA, DENIS 4781 N. CONGRESS AVE. # 254 BOYNTON BEACH, FLA. 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUNCHA, HATIA 4781 N. CONGRESS AVE. # 254 BOYNTON BEACH, FLA. 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *xxx Hatia Cunha* DENIS CUNHA, PRES. 561-239-6228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #