
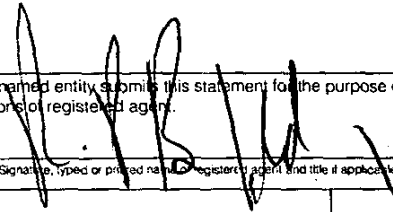
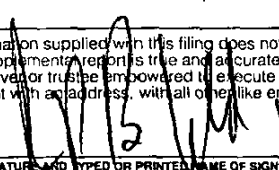


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90091 017 ***150.00

DOCUMENT # P03000019249 1. Entity Name CAREER DYNAMICS INTERNATIONAL, INC.			
Principal Place of Business 9471 BAYMEADOWS RD., STE. 202 JACKSONVILLE, FL 32256		Mailing Address 9471 BAYMEADOWS RD., STE. 202 JACKSONVILLE, FL 32256	
2. Principal Place of Business 9116 CYPRUS GREEN DR Suite, Apt. #, etc. 105		3. Mailing Address Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State	
Zip 32256	Country USA	Zip	Country
4. FEI Number 26-0059853		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGFELD, R.P. 9471 BAYMEADOWS RD., STE. 202 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name BERGFELD, R.P. Street Address (P.O. Box Number is Not Acceptable) 9116 CYPRUS GREEN DR. #105 City JACKSONVILLE FL Zip Code 32256	
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 MARCH 2, 2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 CEO <input type="checkbox"/> Delete	NAME BERGFELD, R.P.	TITLE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 9471 BAYMEADOWS RD., STE. 202	CITY-ST-ZIP JACKSONVILLE, FL 32256	STREET ADDRESS	CITY-ST-ZIP
TITLE PVD <input checked="" type="checkbox"/> Delete	NAME BERGFELD, R.P.	TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS 9471 BAYMEADOWS RD., STE. 202	CITY-ST-ZIP JACKSONVILLE, FL 32256	STREET ADDRESS JOSEPH T. PALERMO, III 9471 BAYMEADOWS RD, STE. 202 JACKSONVILLE, FL 32256	CITY-ST-ZIP
TITLE P <input checked="" type="checkbox"/> Delete	NAME BROWN, KENT	TITLE 9116 BAYMEADOW CYPRUS GREEN DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS 9471 BAYMEADOWS RD., STE. 202	CITY-ST-ZIP JACKSONVILLE, FL 32256	STREET ADDRESS JACKSONVILLE, FL 32256	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R. BERGFELD, Chair	
Date 3/2/05		Daytime Phone # (904) 7039350	

50022438



01042005 Chg-P CR2E034 (10/03)