


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 028 ***150.00

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| DOCUMENT # P03000099733 |  |
| 1. Entity Name DYNAMIC TRANSFORMATIONS, INC. | |

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| Principal Place of Business PO BOX 1242 APOPKA, FL 32704 | Mailing Address PO BOX 1242 APOPKA, FL 32704 |
|--|--|

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 404 HAVERLAKE CIRCLE | 3. Mailing Address 404 HAVERLAKE CIRCLE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



04072008 Chg-P CR2E034 (12/06)

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|-----------------------------------|-----------------------------------|------------------------------------|--|
| City & State APOPKA, FL | City & State APOPKA, FL | 4. FEI Number 32-0092322 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32712 | Country ORANGE | Zip 32712 | Country ORANGE |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| DAVIS, KERRY S 404 HAVERLAKE CIRCLE APOPKA, FL 32712 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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, 2008 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 | PSTD DAVIS, DIANE L PO BOX 1242 APOPKA, FL 32704 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DAVIS, KERRY S PO BOX 1242 APOPKA, FL 32704 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Kerry S Davis **4/8/08** **407-980-8155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #