2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000139360 02-26-2004 90012 037 ***150.00 DYNATECHNIQUES, INC. Principal Place of Business Mailing Address 1430 SW 72ND AVENUE 1430 SW 72ND AVENUE PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address State Apr #, etc. Suite, Apt. #, etc. 01312004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For City & State City & State Not Applicable Zo Country Zim Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Humber's Hot Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 poligations of registered agent SIGNATUREL (NOTE, Registered Agent signature regioned when re-instating) DATE a medicine typion or content ame of Mostereguagors and the Tappolitable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. - ; Delete Change Addition TITLE STEIGER, G. VALENCIA 4,23,37 HAME TIFEET FOLHESS 1430 SW 72ND AVENUE STREET ADDRESS t tough gip PLANTATION, FL 33317 CITY-ST-ZIP Addition • • • Delete TITLE Change f. gree HAME 119501 #GDF655 STREET ADDRESS 100 30 35 CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete NAME SALVE STREET ADDRESS HERES ADSPESS - -, >- ₃₀ CITY-ST-ZIP • • • ☐ Chande Addition Delete TITLE 4411 HAME PERMIT STREET ADDRESS ·. ·· ·: CITY - ST - ZIP Addition ☐ Change Delete TOTALE 1,473 FEET ADDRESS STREET ADDRESS 76.00 30 CHY-S1-ZP , ... ☐ Change ☐ Addition TITLE ☐ Delete 9495 HAME 5.7844.1.400945.55 STREET ADDRESS 1. 51 30 12. Thereby 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 not cated 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 or the contoration 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 is changed, or on an attachment with an address, with all other like empowered. SIGNATURE: OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day: me Phone *

FILED Feb 26, 2004 8:00 am