2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # P04000077300 1. Entity Name HOME DYNAMICS OF CENTRAL FLORIDA, INC.					04-13-200	07 90163 005 ***	150.00	
Principal Place of Business		Mailing Address			* 0222			
284 ADELAIDE STREET		284 ADELAIDE STREET		400	59322			
DEBARY, FL 32713 US			US	V 34				
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Principal Place of Business - No P.O. Box # Mailing Address								
2. Philospan riace of ausmess - No P.O. Box #		3. Walling Address			BUJII BIIBAI BRIAI BBAJI I	LEIN COM IEON IOCEO IMA COM	LEHOUL HE KAUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042007	Chg-P	CR2E034 (12/06	١	
Philip				04042007	Crig-i	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
City & State		City & State		4. FEI Numbe			Applied For	
7:n Country		- Zin Country		20-1140)967		Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	5 58.75 A Fee Requi		
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent		
	- =	······································	Name					
FIEL, MICHAEL E			Stroot Addre	Street Address (P.O. Box Number is Not Acceptable)				
284 ADELAIDE STREET DEBARY, FL 327.13			Oli eet Addre	Street Address (F.O. Box Northber is Not Acceptable)				
DEDAKT,	12 327.13							
			City			FL Zip Co	ode	
						FL		
	named entity submits this statement ions of registered agent.	for the purpose of changing its r	registered office or reg	istered agent, or bot	h, in the State of	Florida. I am familiar wit	h, and accept	
ine deligat	ions or registered agent.							
SIGNATURE.	Signature, typed or printed name of registered age	and title if applicable (NOTE	: Registered Agent signature rec	autrad warm mortaling)		DATE		
	Supported by printed traine of registered age	t and tide if applicable. (NOTE	. negistered Agent signature for	qui eu when i Eirstate (g)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees				
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/	CHANGES TO C	FFICERS AND DIRECTO	RS IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	Addition	
NAME	FIEL, MICHAŒL E		NAME					
STREET ADORESS	284 ADELAIDE STREET		STREET ADDRESS					
CITY-ST-ZIP	DEBARY, FL 32713		CITY - ST - ZIP					
TATLE		☐ Delete	TITLE			Change	e 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	a Addition	
NAME		Delete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST ZIP	1		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				. —	
TITLE		☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS			NAME STREET ADORESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Chang	e 🔲 Addition	
NAME		□ O¢ioic	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: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Daytime Phone #