

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90358 016 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

20049635



04202005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000114080</b> 1. Entity Name <b>DYNAMIC MAIA INC.</b>					
Principal Place of Business <b>1900 CENTRE POINT BLVD #113          TALLAHASSEE, FL 32308</b>			Mailing Address <b>1900 CENTRE POINT BLVD #113          TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business <b>1900 CENTRE P. BLVD</b> Suite, Apt. #, etc. <b>113</b>		3. Mailing Address <b>PO BOX: 691945</b> Suite, Apt. #, etc.			
City & State <b>TALLAHASSEE</b>		City & State <b>ORLANDO - FL</b>		4. FEI Number <b>201878903</b>	
Zip <b>32308</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32869</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SILVA, RONALDO M          1900 CENTRE POINT BLVD #113          TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Ronald M Silva</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <b>4/20/05</b>	
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>SILVA, RANALDO M</b> <b>1900 CENTRE POINT BLVD #113</b> <b>TALLAHASSEE, FL 32308</b>	<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 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: <i>Ronald M Silva</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>4/20/05</b>	