## 2005 FOR PROFIT CORPORATION ANNUAL REPORT ·-- ·--

## Apr 18, 2005 8:00 am Secretary of State 03-30-2005 90043 039 \*\*\*150.00 **DOCUMENT # P04000120175** FORWARD DYNAMICS, INC. PPULUADO Principal Place of Business Mailing Address 3773 EAGLE PASS STREET **3773 EAGLE PASS STREET** NORTH PORT, FL 34286 NORTH PORT, FL 34286 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 15094 Not Applicable Zip Country Zip 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 BEAM, RICHARD K Street Address (P.O. Box Number is Not Acceptable) **EAGLE PASS STREET** NORTH PORT, FL 34286 City Zip Code 8. The above named entity subtraits 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, typied or printed name of registered agent and title it applicable. (HDTE: Registered Agent signature required when reinstating \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete me TITLE ☐ Change Addition BEAM, RICHARD K NAME NAME STREET ADDRESS 3773 EAGLE PASS STREET STREET ADDRESS NORTH PORT, FL 34286 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE , Delete ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 72 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information semplied with this filling 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 supplied entail 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 RICHARD SIGNATURE: AE AND TYPED OR PRINTED NAME OF BIGNING OF

**FILED**