## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P04000120184 1. Entity Name

## **FILED** Mar 15, 2007 08:00 AM Secretary of State

| DYNAMIC ENTERPRISES OF L. W., INC.   |  |                               |                        |   |                        |  |
|--|--|-------------------------------|------------------------|---|------------------------|--|
| Principal Place of Business Mailing Address 6237 PLAINS DR LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 U              |  |                               | JS                     | .   | HI 400 80H 80H 80H 80H | IBII 3080: 1180: 1011 BIBICAI 11 (70:                      |
| DO NOT WRITE IN THIS SPAC  |  |                               |                        | 03122007  4. FE! Number 20-15387  5. Certificate of | No Chg-P CF            | Applied For Not Applicable  \$8.75 Additional Fee Required |
| DAMIAN, I<br>6237 PLAI<br>LAKE WO  | MARIA  | DO NOT WRITE<br>IN THIS SPACE |                        |   |                        |  |
|  | named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and to |                               | Led office or register |   |                        | am familiar with, and accept                               |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. |  |                               |                        | 00 May Be<br>ed to Fees                             |                        | 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1                    |
| 10.<br>TITLE<br>NAME<br>SIREET ADDRESS<br>CITY-ST-ZIP  | OFFICERS AND DIR P DAMIAN, MARIA 6237 PLAINS DR LAKE WORTH, FL 33463   | ECTORS                        |                        |   | V000000                | 07400  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  |                               |                        |   | 0000006<br>03/26/07-8  | 67483<br>0030-009 150.00                                   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                               |                        | DO I  | NOT WRI                | TE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  |                               |                        | IN T  | HIS SPAC               | CE   |
| NAME<br>STREET ADDRESS :<br>CHY-ST-ZIP   |  |                               |                        |   |                        |  |
| NAME<br>Street address<br>City-St-Zip  |  |                               |                        |   |                        |  |

12. Thereby certify that the information supplied with this filling 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: ∠

3/12/07 55/- 436-0086