



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90106 016 ***158.75

DOCUMENT # P04000147649 1. Entity Name DYNAMICS HOME INSPECTION CORP					
Principal Place of Business 931 N. STATE ROAD 434 SUITE 1201-339 ALTAMONTE, FL 32714 US			Mailing Address 931 N. STATE ROAD 434 SUITE 1201-339 ALTAMONTE, FL 32714 US		
2. Principal Place of Business <i>931 N. STATE ROAD 434</i> Suite, Apt. #, etc. <i>1201-339</i> City & State <i>ALTAMONTE FL</i> Zip <i>32714</i> Country <i>U.S.</i>		3. Mailing Address <i>931 N. STATE ROAD 434</i> Suite, Apt. #, etc. <i>1201-339</i> City & State <i>ALTAMONTE FL 32714</i> Zip <i>32714</i> Country <i>U.S.</i>			
4. FEI Number <i>X 20-1806004</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03172005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CHAUCA, JULIO 110 SHEPHERD CT LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P CHAUCA, JULIO 110 SHEPHERD CT LONGWOOD, FL 32750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>[Signature]</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>04-27-05</i> Daytime Phone <i>(718)4405244</i>		