


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90113 013 ***158.75

DOCUMENT # P05000072816	
1. Entity Name DYNAMIC LEISURE GROUP NORTH AMERICA, INC.	

Principal Place of Business 200 CENTRAL AVE STE 290 ST. PETERSBURG, FL 33701-7411	Mailing Address 200 CENTRAL AVE STE 290 ST. PETERSBURG, FL 33701-7411
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2. Principal Place of Business 2203 N. Lois Avenue 9th Floor	3. Mailing Address 2203 N. Lois Avenue 9th Floor
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City & State Tampa, Florida	City & State Tampa, Florida
Zip 33607	Zip 33607
Country USA	Country USA



03202006 Chg-P CR2E034 (11/05)

4. FEI Number 27-0124140	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVINE, ROBERT A.G. 6015 BENJAMIN ROAD STE 312 TAMPA, FL 33634	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	2203 N. Lois Avenue
	9th Floor
City	Tampa
FL	Zip Code 33607

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 Robert A.G. Levine	DATE 3/21/06	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRANDANO, DANIEL G 200 CENTRAL AVE STE 290 ST. PETERSBURG, FL 337017411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, ROBERT A.G. 6015 BENJAMIN ROAD STE 312 TAMPA, FL 336117411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2203 N. Lois Avenue, 9th Floor Tampa, Florida 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/S 2203 N. Lois Avenue, 9th Floor Tampa, Florida 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/V/T Thomas W. Busch 2203 N. Lois Avenue, 9th Floor Tampa, Florida 33607
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert A.G. Levine	DATE: 3/21/06	DAYTIME PHONE #: (813) 877-6300