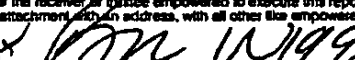


05-29-2007 90044 013 ***150.00

DOCUMENT # P06000088638 1. Entity Name DYNAMIC COMMUNICATIONS SERVICES INC																							
Principal Place of Business 900 CRESTWOOD COURT, SUITE 908 ROYAL PALM BEACH, FL 33411		Mailing Address 900 CRESTWOOD COURT, SUITE 908 ROYAL PALM BEACH, FL 33411																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country																				
6. Name and Address of Current Registered Agent WIGGINS, BRIAN G 900 CRESTWOOD COURT, SUITE 908 ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																							
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:50%; vertical-align: top;">☐ Delete WIGGINS, BRIAN G 900 CRESTWOOD COURT, SUITE 908 ROYAL PALM BEACH, FL 33411</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Delete</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete WIGGINS, BRIAN G 900 CRESTWOOD COURT, SUITE 908 ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:50%; vertical-align: top;">☐ Change ☐ Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Change ☐ Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Change ☐ Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Change ☐ Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="vertical-align: top;">☐ Change ☐ Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		Date _____ Daytime Phone # _____																					