

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90030 013 ***150.00



DOCUMENT # P07000120092
 1. Entity Name
SOVEREIGN DYNAMICS ALLIANCE INC

Principal Place of Business Mailing Address
~~955 DOTTEREL ROAD~~ ~~955 DOTTEREL ROAD~~
~~2408~~ ~~2408~~
DELRAY BEACH, FL 33444 **DELRAY BEACH, FL 33444**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2101 N. Australian Ave **2101 N. Australian Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
W. Palm Beach, FL **W. Palm Beach, FL**
 Zip Country Zip Country
33407 **Palm Beach** **33407** **Palm Beach**

08252008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~BRYCE, PATRICIA~~ ~~955 DOTTEREL ROAD~~ ~~2408~~ ~~DELRAY BEACH, FL 33444~~
2101 N. Australian Ave
W. Palm Beach, FL
33407

7. Name and Address of New Registered Agent
 Name **Patricia Bryce**
 Street Address (P.O. Box Number is Not Acceptable) **2101 N. Australian Ave.**
 City **W. Palm Beach** FL Zip Code **33407**

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: *Patricia Bryce* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRYCE, PATRICIA		NAME	
STREET ADDRESS 955 DOTTEREL ROAD 2101 N. Australian Ave		STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH, FL 33444 W. Palm Beach, FL 33407		CITY-ST-ZIP	
TITLE D-Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Harold Ray		NAME	
STREET ADDRESS 2101 N. Australian Ave		STREET ADDRESS	
CITY-ST-ZIP W. Palm Beach, FL 33407		CITY-ST-ZIP	
TITLE S-Sect.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Brenda Ray		NAME	
STREET ADDRESS 2101 N. Australian Ave		STREET ADDRESS	
CITY-ST-ZIP W. Palm Beach, FL 33407		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Patricia Bryce* 8/26/08 (469) 955-5252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #