

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM  
Secretary of State

DOCUMENT # P93000004144

1. Entity Name  
DYNYNSTYL, INC.



Principal Place of Business  
214 SOUTH H STREET, #5  
LAKE WORTH, FL 33460 US

Mailing Address  
P.O. BOX 244733  
BOYNTON BEACH, FL 33424 US



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0381871

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PAUL, DENNIS D  
572 S COUNTRY CLUB DRIVE  
ATLANTIS, FL 33462

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PAUL, DENNIS D  
572 S COUNTRY CLUB DRIVE  
ATLANTIS, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
PAUL, DEBRA C  
572 S COUNTRY CLUB DRIVE  
ATLANTIS, FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000452806  
03/13/06-80014-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 FEB 2006 561-233-9900