

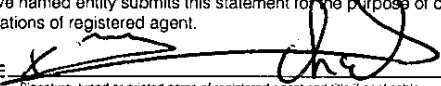
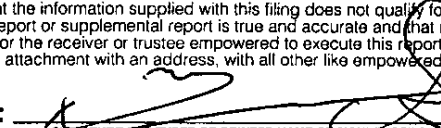


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 009 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P95000025362 1. Entity Name DYNASTY PROPERTIES, INC. | | | |  | |
| Principal Place of Business 1845 N.W. 108TH AVE. PLANTATION, FL 33322 | | | | Mailing Address 1845 N.W. 108TH AVE. PLANTATION, FL 33322 | |
| 2. Principal Place of Business 11474 Manatee Bay Lane | | 3. Mailing Address 11474 Manatee Bay Lane | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03162005 Chg-P CR2E034 (10/03) | |
| City & State Wellington FL | | City & State Wellington FL | | 4. FEI Number 65-0570189 | |
| Zip 33467 | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33467 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHAHINE, ISSAM 1845 N.W. 108TH AVE. PLANTATION, FL 33322 | | | | 7. Name and Address of New Registered Agent Name Chahine Issam Street Address (P.O. Box Number is Not Acceptable) 11474 Manatee Bay Lane City Wellington FL Zip Code 33467 | |
| 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 reinstating) DATE 3/21/05 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing <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 | D CHAHINE, ISSAM <input type="checkbox"/> Delete 1845 N.W. 108TH AVE. PLANTATION, FL 33322 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11474 Manatee Bay Lane Wellington FL 33467 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAHINE, LINDA <input type="checkbox"/> Delete 1845 N.W. 108TH AVE. PLANTATION, FL 33322 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11474 Manatee Bay Lane Wellington FL 33467 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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 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:  Date 3/21/05 Daytime Phone # 561-7935332 | | | | | |