

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90022 032 ***158.75

**-2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000055081

1. Entity Name
DYNA TECHNOLOGIES, INC.



Principal Place of Business
996 WESTWOOD SQUARE
UNIT 2
OVIEDO, FL 32865

Mailing Address
996 WESTWOOD SQUARE
UNIT 2
OVIEDO, FL 32865

2. Principal Place of Business

1445 Dolgner Place

Suite, Apt. #, etc.

Suite 36

City & State

Sanford, FL

Zip

32771

Country

USA

3. Mailing Address

1445 Dolgner Place

Suite, Apt. #, etc.

Suite 36

City & State

Sanford, FL

Zip

32771

Country

USA

03102006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3325793

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAINTER, HOWARD EDDINS
996 WESTWOOD SQUARE
UNIT 2
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name Painter, Howard Eddins

Street Address (P.O. Box Number is Not Acceptable)

1445 Dolgner Place

Suite 36

City Sanford

FL

Zip Code
32771

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

Howard E. Painter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10 Mar 2006

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 DP
NAME PAINTER, HOWARD E
STREET ADDRESS 996 WESTWOOD SQUARE, #2
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE DST
NAME PAINTER, MARILIA L
STREET ADDRESS 996 WESTWOOD SQUARE, #2
CITY-ST-ZIP OVIEDO, FL 32765 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Howard E. Painter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Mar 2006

Date

407-359-1040

Daytime Phone #