2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P96000010641 1. Entity Name DYNOSCAN, INC.							05-03-200	4 90720 ()27 ***1	50.00	
Principal Plac 5420 ATLAN SAINT AUGUS	ITIC VIEW DR	₹.	Mailing Address 5420 ATLANTIC VIEW DR. SAINT AUGUSTINE, FL 32080		US	1 140000			I I B 1111 B16 81 (11	1788) 71 (88)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04292004	Chg-P	CR2E03	34 (10/03)			
City & State			City & State		4. FEI Num 65-06				oplied For ot Applicable		
Zip	Country		<u> </u>		ntry	5. Certificate of Status Desired					
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
O'CONNELL, W.H. CPA 2200 N. PONCE DE LEON BLVD. #10 SAINT AUGUSTINE, FL 32084					Name Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Code	e	
G. The object of the shall be about the shall be ab						stered agent, or b	oth in the State of Flo		<u> </u>		
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 algedure required when reinstating) DATE											
		FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campa Trust Fund Cont		noing 5	\$5.00 May Be Added to Fees					
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	S/CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
TITLE NAME	P	CAMEDON	☐ Delete	TITL NAM	I				☐ Change	☐ Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	SAINT AL	JGUSTINE, FL 32080		CITY	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			
TITLE			☐ Delete	TITL					☐ Change	Addition	
name Street address				1	EET ADDRESS						
CITY-ST-ZIP \			· · · · · · · · · · · · · · · · · · ·	CITY	'-ST-ZIP						
TITLE			☐ Delete	TITL:	- 1				Change	☐ Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP		7		CITY	'-ST-ZIP		<u></u>				
TITLE			☐ Defete	TITE:	1				Change	☐ Addition	
NAME STREET ADDRESS				1	EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP	·					
TITLE			☐ Delete	TITL NAM	I				☐ Change	Addition	
NAME STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	·	•	•		☐ Change	Addition	
NAME STREET ADDRESS				NAM STRE	EET ADDRESS						
CITY-ST-ZIP	<u> </u>				-ST-ZIP			<u>.</u>			
12. I hereby of indicated of the cor	certify that the lon this report poration or the	e information supplied with it or supplemental report is ne receiver or trustee empor	this filing does not qualify for true and accurate and that re- true d to secute this report	r the exe ny signa as requi	emption stated in ture shall have t ired by Chapter	n Section 119.07(3 the same legal effe 607, Florida Statu	l)(i), Florida Statutes. ect as if made under e tes; and that my nam	I further certi bath; that I ar e appears in	fy that the ir n an officer Block 10 or	nformation or director r Block 11 if	
12. I hereby certify that the information supplied with this filling 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.											