2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 12, 2007 08:00 AM Secretary of State DOCUMENT # P96000035695 PIVOTAL DYNAMICS CORPORATION Mailing Address Principal Place of Business 8410 NW 53 TERR STE 209 2448 SW 114 AVE MIAMI, FL 33165 MIAMI, FL 33166 CR2E034 (11/05) 01172007 No Chg-P DO NOT WRITE IN THIS SPACE. Applied For 4. FEI Number 65-0651394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTELLANO, GORGE DO NOT WRITE 2448 SW 114TH AVE MAIMI, FL 33165 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CASTELLANO, JORGE NAME STREET ADDRESS 2448 SOUTHWEST 114 AVENUE U000000701256 CITY-ST-ZIP MIAMI, FL 33165 04/20/07-80049-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 attactment with an address, with all the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE CASTELLANO, DIR. 4/03/07

Daytime Phone #