## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000031618

City-St-Zip:

LAKELAND, FL 338093361

FILED Feb 14, 2005 Secretary of State

Entity Name: DYNAMIC CONS	TRUCTION, INC.			
Current Principal Place of Business:		New Principal Place of Business:		
510 WINDERMERE DR. LAKELAND, FL 338093361				
Current Mailing Address:		New Mailing Address:		
PO BOX 93331 LAKELAND, FL 338043331 US				
FEI Number: 59-3437412 FEI Nu	mber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
BIRKNER, JOSEPH M 510 WINDERMERE DR. LAKELAND, FL 338093361 US				
The above named entity submits in the State of Florida.	this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signa	ture of Registered Age	ent	Date	
Election Campaign Financing Trust Fu	ınd Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: DP ( ) Delete		Title: DP	(X) Change ( ) Addition	

(X) Change ( ) Addition BIRKNER, JOSEPH M BIRKNER, JOSEPH M Name: Name: 215 MCDONALD ST 510 WINDERMERE DR Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 338093361 Title: () Delete Title: (X) Change ( ) Addition BIRKNER, VINCENT B BIRKNER, VINCENT B Name: Name: Address: 5059 WILLIAMSTOWN BLVD Address: 2215 LONGLEAF CIRCLE LAKELAND, FL 33810 LAKELAND, FL 33810 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: BIRKNER, LISA Name: Address: 510 WINDERMERE DR Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSEPH M. BIRKNER PRES 02/14/2005