

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90089 001 ***158.75

DOCUMENT # P97000037579
 1. Entity Name
 FUTURE DYNAMICS CORPORATION



Principal Place of Business Mailing Address
 3998 DEWBERRY CIRCLE 3998 DEWBERRY CIRCLE
 MELBOURNE FL 32901 MELBOURNE FL 32901

2. Principal Place of Business 3. Mailing Address
 447 PIRATES MOON CT. 447 PIRATES MOON CT.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State City & State
 INDIALANTIC, FL INDIALANTIC, FL
 Zip Country Zip Country
 32903 USA. 32903 USA.

4. FEI Number 59-3451358 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SANGHA, PHILLIP G.S.
 3998 DEWBERRY CIRCLE
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 Name SANGHA, PHILLIP G.S.
 Street Address (P.O. Box Number is Not Acceptable)
 447 PIRATES MOON COURT
 City INDIALANTIC FL Zip Code 32903

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] PHILLIP G.S. SANGHA (PRESIDENT) 3/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANGHA, PHILLIP G	
STREET ADDRESS	3998 DEWBERRY CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGHA, PHILLIP G.S.	
STREET ADDRESS	447 PIRATES MOON COURT	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: [Signature] PHILLIP G.S. SANGHA 3/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #