

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000061683**

1. Entity Name  
**DYNAMIC INTERIOR DESIGNS, INC.**



Principal Place of Business  
**5601 BARNSTEAD CIR  
LAKE WORTH, FL 33463 US**

Mailing Address  
**5601 BARNSTEAD CIR  
LAKE WORTH, FL 33463 US**



06012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0784582**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOORE, ALESHA  
3732 BOANZA CIRCLE  
BOYNTON BEACH, FL 33436**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**U0000056665  
06/05/06-80002-003 150.00**

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PCB
NAME	ROBERTS, DONNA
STREET ADDRESS	5601 BARNSTEAD CIR
CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	V
NAME	ROBERTS, EVERETT
STREET ADDRESS	5601 BARNSTEAD CIR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	ST
NAME	MOORE, ALESHA
STREET ADDRESS	3732 BOANZA CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Donna Roberts President* 6/1/06 561-432-8025