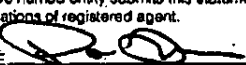


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2004 FOR PROFIT CORPORATION ANNUAL REPORT

3
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 APR -1 AM 8:40

DOCUMENT # P97000100030					
1. Entity Name DETAIL DYNAMICS, INC.					
Principal Place of Business 500 ORANGE BLVD. SANFORD, FL 32771			Mailing Address 500 ORANGE BLVD. SANFORD, FL 32771		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3478410	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OLSON, PAMELA A 500 ORANGE BLVD. SANFORD, FL 32771				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 3.1.04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing-- Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D PRESIDENT		☐ Delete		
NAME	OLSON, PAMELA A				
STREET ADDRESS	500 ORANGE BLVD.				
CITY-ST-ZIP	SANFORD, FL 32771				
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VICE PRESIDENT		☐ Change ☒ Addition		
NAME	MELVIN OLSON				
STREET ADDRESS	500 ORANGE BLVD				
CITY-ST-ZIP	SANFORD, FL 32771				
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ 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 all other like empowered.					
SIGNATURE:  DATE 3.1.04 DAYTIME PHONE 407-322-7911 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					