2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P98000086142

Entity Name: PHARMA DYNAMICS, INC.

Current Principal Place of Business:

1526 QUAIL WOOD CT
ORANGE PARK, FL 32003 US

New Principal Place of Business:

Current Mailing Address:

1526 QUAIL WOOD CT
ORANGE PARK, FL 32003 US

New Mailing Address:

FEI Number: 59-3536297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NANA, ELIZABETH
1525 QUAIL WOOD
ORANGE PARK, FL 32003

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LIBUNAO, DAN S
Address: 1568 SHELTER COVE
City-St-Zip: ORANGE PARK, FL 32003

Title: STD ( ) Delete
Name: LIBUNAO, CRISTETITA A
Address: 1568 SHELTER COVE
City-St-Zip: ORANGE PARK, FL 32003

Title: VD ( ) Delete
Name: LIBUNAO, CHRISTIAN A
Address: 1568 SHELTER COVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete
Name: LIBUNAO, MARIA I
Address: 1568 SHELTER COVE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAN S LIBUNAO PRES 04/30/2004

Electronic Signature of Signing Officer or Director Date