



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000095071 1. Entity Name DYNAMIC THERAPY, INC.		
Principal Place of Business 2039 EAST EDGEWOOD STE 110 LAKELAND, FL 33803	Mailing Address 2039 EAST EDGEWOOD STE 110 LAKELAND, FL 33803	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OCAMPOS, RODRIGO R 2039 E EDGEWOOD DR STE 110 LAKELAND, FL 33803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000324491 04/22/05-80097-009 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OCAMPOS, RODRIGO R 2039 E EDGEWOOD DR STE 110 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OCAMPOS, BERNADETTE 2039 E EDGEWOOD DR STE 110 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(j), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-18-05 <small>Date</small> 863-665-1185 <small>Daytime Phone #</small>