



FILED
May 26, 2006 8:00 am
Secretary of State

04-28-2006 90249 001 ***272.50

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000032614		
1. Entity Name COMMUNITY DYNAMICS, INC.		
Principal Place of Business 847 ORANGE AVENUE SUITE A DAYTONA BEACH, FL 32114 US		Mailing Address 847 ORANGE AVENUE SUITE A DAYTONA BEACH, FL 32114 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COFFIE, EDWIN 916 LOCKHART STREET DAYTONA BEACH, FL 32114		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 re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	CHESTER, GERALD O	
STREET ADDRESS	1620 5TH STREET	
CITY- ST- ZIP	DAYTONA BEACH, FL 32117	
TITLE	D	
NAME	DICKENS, GERALD	
STREET ADDRESS	1521 FLORIDA STREET	
CITY- ST- ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	
NAME	DASH, JENNIFER	
STREET ADDRESS	1082 SHERIDAN ROAD	
CITY- ST- ZIP	DAYTONA BEACH, FL 32114	
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 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, 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 my address, with all other like empowered.		
SIGNATURE: 		5/24/06 386/258-7500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

66017369



04272008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3754168

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**