


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90043 047 \*\*\*158.75

<b>DOCUMENT # P99000032614</b>					
<b>1. Entity Name</b> COMMUNITY DYNAMICS, INC.					
<b>Principal Place of Business</b> 847 ORANGE AVENUE SUITE A DAYTONA BEACH, FL 32114 US			<b>Mailing Address</b> 847 ORANGE AVENUE SUITE A DAYTONA BEACH, FL 32114 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3754168	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COFFIE, EDWIN 916 LOCKHART STREET DAYTONA BEACH, FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHESTER, GERALD O 1620 5TH STREET DAYTONA BEACH, FL 32117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chester, Gerald O 220 Zaharias Circle Daytona Beach, FL 32124	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKENS, GERALD 1521 FLORIDA STREET DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dash, Jennifer 722 Orchard Ave Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASH, JENNIFER 1002 SHERIDAN ROAD DAYTONA BEACH, FL 32114		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dash, Jennifer 722 Orchard Ave Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASH, JENNIFER 722 ORCHARD AVENUE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dash, Jennifer 722 Orchard Ave Ormond Beach, FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASH, JENNIFER 722 ORCHARD AVENUE ORMOND BEACH, FL 32174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dash, Jennifer 722 Orchard Ave Ormond Beach, FL 32174	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Gerald O Chester</u> <u>4/20/07</u> <u>320-226-1216</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					