


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 004 ***150.00

DOCUMENT # P99000045016	
1. Entity Name DYNASTY MEDICAL INC	

Principal Place of Business 5012 KILKENNEY WAY OLDSMAR, FL 34677	Mailing Address 3775 Exeter Ct #101 Palm Harbor, FL 34685
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3583995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FYLSTRA, WILLIAM D 5012 KILKENNEY WAY OLDSMAR, FL 34677 3775 Exeter Ct., #101 Palm Harbor, FL 34685	DO NOT WRITE IN THIS SPACE
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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: William (Bill) Fylstra DATE: 4/21/04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FYLSTRA, SALLY V 5012 KILKENNEY WAY TAMPA, FL 33626 Same as above.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FYLSTRA, WILLIAM 5012 KILKENNEY WAY TAMPA, FL 33626 Same as above.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Sally V. Fylstra Sally V. Fylstra, President 4/21/04 771-6464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #