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Carter & Presley, CPA's

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90161 039 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S01631 1. Entity Name DYNASTY VENTURES, INC.			
Principal Place of Business 7788 DUCKWOOD LANE JACKSONVILLE, FL 32210 US		Mailing Address P O BOX 6821 JACKSONVILLE, FL 32236-6821 US	
2. Principal Place of Business 5558 Mariners Cove Drive		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32210		Country USA	
4. FEI Number 59-3028703		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINNEY, FRANK E 5147 SPRING GLEN ROAD JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Harry C. Bell Street Address (P.O. Box Number is Not Acceptable) 5558 Mariners Cove Drive City Jacksonville FL Zip Code 32210	
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 <input checked="" type="checkbox"/> <i>Harry C. Bell</i> (NOTE: Registered Agent signature required when remaining) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT BELL, HARRY C 7788 DUCKWOOD LANE JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D/T/S Bell, Harry C. 5558 Mariners Cove Drive Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <input checked="" type="checkbox"/> <i>Harry C. Bell</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			

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