2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 17, 2008 08:00 Al Secretary of State DOCUMENT # S96984 1. Entity Name GERMAN DYNAMICS, INC. Principal Place of Business Mailing Address 1 WEST LINTON BLVD, BAY 25 1 WEST LINTON BLVD. BAY 25 DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 CR2E034 (11/05) 01142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0300610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIU, ADRIAN DO NOT WRITE 1143 S.W. 13TH DRIVE BOCA RATON, FL 33486 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 000000787288 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 01/17/08-80076-014 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME MIU, ADRIAN 1143 S.W. 13TH DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-S1-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

ADRIAN Mil