


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90018 038 \*\*\*150.00

**DOCUMENT # F04000000453**

1. Entity Name  
**DYNAMIC SPORTS CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address

**701 LEANDER DRIVE**      **701 LEANDER DRIVE**  
**LEANDER, TX 78641**      **LEANDER, TX 78641**

**50052891**



2. Principal Place of Business      3. Mailing Address

**301 Sonny Dr**      **301 Sonny Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

05112005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Leander TX**      **Leander TX**

Zip      Country      Zip      Country

**78641**      **Williamson**      **78641**      **Williamson**

4. FEI Number      Applied For

**27-0076592**       Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPST	<input type="checkbox"/> Delete
NAME	WOLESENSKY, ROBERT M JR.	
STREET ADDRESS	701 LEANDER DRIVE	
CITY-ST-ZIP	LEANDER, TX 78641	
TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>same</b>	
STREET ADDRESS	<b>301 Sonny Drive</b>	
CITY-ST-ZIP	<b>Leander TX 78641</b>	
TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tyree J. Wolesensky</b>	
STREET ADDRESS	<b>301 Sonny Dr</b>	
CITY-ST-ZIP	<b>Leander TX 78641</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert M. Wolesensky, Jr**      **812-260-6722**  
 Date: **5/10/05**