

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005182

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** DYNAMICS PERSPECTIVE, INC.

**Current Principal Place of Business:**

31416 AGOURA RD  
SUITE 150  
WESTLAKE VILLAGE, CA 91361

**New Principal Place of Business:**

**Current Mailing Address:**

104 W 40TH STREET  
12TH FLOOR  
NEW YORK, NY 10018

**New Mailing Address:**

**FEI Number:** 35-2209965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: JENNINGS, PETER  
Address: 31416 AGOURA RD SUITE 150  
City-St-Zip: WESTLAKE VILLAGE, CA 91361

Title: TS ( ) Delete  
Name: SHERMAN, MARY  
Address: 104 WEST 40TH ST, FL 12  
City-St-Zip: NEW YORK, NY 10018

Title: D ( ) Delete  
Name: VAN STEIJN, CEES J  
Address: 31416 AGOURA RD SUITE 150  
City-St-Zip: WESTLAKE VILLAGE, CA 91361

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER JENNINGS

PRES

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date