## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000050040

City-St-Zip:

Entity Name: DINGFELDER CONSULTING, INC.

SAINT AUGUSTINE, FL 32086

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HNS MEDICAL JSTINE, FL 32				
Current Mailing Address:			New Mailing Address:		
	HNS MEDICAL JSTINE, FL 32				
FEI Numbe	r: 03-0460366	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
9 ST. JOH	.DER, STEVEN HNS MEDICAL JSTINE, FL 32	PARK DR			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	ampaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	DINGFELDER	) Delete , STEVEN P MEDICAL PARK DR	Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN P. DINGFELDER PRES 04/21/2005