

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036946

Entity Name: D2 CONSULTING, INC.

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

6106 MIRAMAR PARKWAY  
MIRAMAR, FL 33023 US

## New Principal Place of Business:

## Current Mailing Address:

6106 MIRAMAR PARKWAY  
MIRAMAR, FL 33023 US

## New Mailing Address:

FEI Number: 01-0780224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DARROUX, ISHMAEL C TREASUR  
6106 MIRAMAR PARKWAY  
MIRAMAR, FL 33023 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: DARROUX, ISHMAEL C PRES  
Address: 6106 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 33023 US

Title: VP ( ) Delete  
Name: DARROUX, EDMUND C VP  
Address: MORNE DANIEL [ROSEAU IS THE CAPITOL CITY]  
City-St-Zip: COMMONWEALTH OF DOMINICA W.I, WI W.I DO

Title: CEO ( ) Delete  
Name: DARROUX, ISHMAEL C CEO  
Address: 6106 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 33023 US

Title: DIRE ( ) Delete  
Name: DARROUX, ISHMAEL C DIRE/MK  
Address: 6106 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 33023 US

Title: DIRE ( ) Delete  
Name: DARROUX, ISHMAEL C D/COM/R  
Address: 6106 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 33023 US

Title: DIRE ( ) Delete  
Name: DARROUX, ISHMAEL C D/GENER  
Address: 6106 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 33023 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: DARROUX, ISHMAEL C VP  
Address: 6106 MIRAMAR PARKWAY  
City-St-Zip: MIRAMAR, FL 33023 US

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

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: CDARROUX

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date