2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# P96000073379

Entity Name: DORSA CONSULTING, INC.

Current Principal Place of Business:

484 JACKSONVILLE DR.
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

822 HWY A1A N. SUITE 211
PONTE VEDRA, FL 32082

Current Mailing Address:

484 JACKSONVILLE DR.
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

822 HWY A1A N. SUITE 211
PONTE VEDRA, FL 32082

FEI Number: 59-3399629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORSA, LORRAINE
484 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

DORSA, LORRAINE
822 HWY A1A N. SUITE 211
PONTE VEDRA, FL 32082 US

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: LORRAINE DORSA 10/06/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DORSA, LORRAINE
Address: 484 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD ( ) Delete
Name: POJE, THOMAS E
Address: 484 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD ( ) Delete
Name: MCCRARY, JOHN R
Address: 484 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DORSA, LORRAINE
Address: 822 HWY A1A N. SUITE 211
City-St-Zip: PONTE VEDRA, FL 32082

Title: VPD (X) Change ( ) Addition
Name: POJE, THOMAS E
Address: 822 HWY A1A N. SUITE 211
City-St-Zip: PONTE VEDRA, FL 32082

Title: SD (X) Change ( ) Addition
Name: MCCRARY, JOHN R
Address: 822 HWY A1A N. SUITE 211
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: LORRAINE DORSA PD 10/06/2006
Electronic Signature of Signing Officer or Director Date