

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010141

Entity Name: DMS CONSULTANTS & ENTERTAINMENT, INC.**Current Principal Place of Business:**12 N.E. 1ST STREET
1 BAD KUT
OCALA, FL 34470**Current Mailing Address:**12 N.E. 1ST STREET
P.O.BOX 34477
OCALA, FL 34477 US**FEI Number:** 80-0662465**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHAW, S. CHANTILE MA/MHC/
6455 S.W. 103RD STREET ROAD
OCALA, FL 34470 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	SHAW, S'AMAR C CEO
Address	12 N.E. 1ST STREET P.O.BOX 34477
City-State-Zip:	OCALA FL 34477

Title	T
Name	NEWMAN, KARYN
Address	2600 SOTH STREET
City-State-Zip:	LEESBURG FL 34748

Title	CEO
Name	SHAW, S. CHANTILE
Address	6455 S.W. 103RD STREET RD
City-State-Zip:	OCALA FL 34476

Title	VP
Name	ALEXANDER, MATTHEW
Address	6201 103RD STREET ROAD
City-State-Zip:	OCALA FL 34476
Title	S
Name	HOOKFIN, UNIQUE
Address	6455 S.W. 103RD STREET ROAD
City-State-Zip:	OCALA FL 34476
Title	EX.D
Name	JOHNSON, DERON ASST.
Address	6 OLIVE LANE
City-State-Zip:	OCALA FL 34472

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: S. CHANTILE SHAW, M.A/MHC

CEO

04/04/2013

Electronic Signature of Signing Officer/Director Detail_____
Date