

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001500

FILED
May 01, 2011
Secretary of State

Entity Name: DRAGONFLY CONSULTING INTERNATIONAL, INC.

Current Principal Place of Business:

10300 49TH STREET N
SUITE #136
CLEARWATER, FL 33762

New Principal Place of Business:

2850 W. HORIZON RIDGE PARKWAY
SUITE #200
HENDERSON, NV 89052

Current Mailing Address:

POST OFFICE BOX 28351
KENNETH CITY, FL 33709

New Mailing Address:

10300 49TH STREET N
SUITE #136
CLEARWATER, FL 33762

FEI Number: 27-1422634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMIDT, SHERRI L
10300 49TH STREET N
SUITE #136
CLEARWATER, FL 33762 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

OFFICERS AND DIRECTORS:

Title: PVST
Name: SCHMIDT, SHERRI L
Address: 10300 49TH STREET N #136
City-St-Zip: CLEARWATER, FL 33762

Title: VP
Name: GAULT, WILLIAM J
Address: 2850 W. HORIZON RIDGE PARKWAY SUITE #200
City-St-Zip: HENDERSON, NV 89052

Title: D
Name: ARTEAGA, SANDRA L
Address: 10300 49TH STREET N #136
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: SCHMIDT, GLENN R SR.
Address: 10300 49TH STREET N #136
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: SCHMIDT, GLENN R JR.
Address: 10300 49TH STREET N #136
City-St-Zip: CLEARWATER, FL 33762

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

SIGNATURE: SHERRI L SCHMIDT

CEO

05/01/2011

Electronic Signature of Signing Officer or Director

Date