2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007150

Entity Name: MYE-DASH CONSULTING, INC.

FILED Mar 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 425 SOUTH AVALON PARK BLVD SUITE 1000 #153 ORLANDO, FL 32828 **Current Mailing Address: New Mailing Address:** 425 SOUTH AVALON PARK BLVD SUITE 1000 #153 ORLANDO, FL 32828 FEI Number: 26-3070373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, DANA S 16526 DEER CHASE LOOP ORLANDO, FL 32828 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition THOMAS, DANA S THOMAS, DANA S Name: Name: 16526 DEER CHASE LOOP Address: 16526 DEER CHASE LOOP Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32828 Title: Title: SEC () Change (X) Addition () Delete Name: Name: THOMAS, AMMAN Address: Address: 16526 DEER CHASE LOOP City-St-Zip: City-St-Zip: ORLANDO, FL 32828 Title: () Delete Title: () Change (X) Addition STANFORD, GWENDOLYN Name: Name: 688 KILCHURN DR Address: Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073 Title: () Delete Title: ВМ () Change (X) Addition Name: Name: ALVAREZ, RUBY 6596 S GOLDENROD RD, UNIT C Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: () Change (X) Addition CHINN, VERNON Name: Name: 2148 BLACK MANGROVE DR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32828 Title: () Delete Title: () Change (X) Addition MOODIE, NATASHA Name: Name: Address: Address: 76 BROCKTON LN PALM COAST, FL 32137 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA S THOMAS P 03/21/2009