



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000008789	
1. Entity Name DICKEY CONSULTING SERVICES, INC.	

Principal Place of Business 1120-B NW 6TH STREET FORT LAUDERDALE, FL 33311	Mailing Address P.O. BOX 892 FORT LAUDERDALE, FL 33302
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DO NOT WRITE IN THIS SPACE

	
01292008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-1115420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DICKEY, SHERYL A 3299-5 NW 44TH STREET FORT LAUDERDALE, FL 33309

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000834600 02/28/08-80060-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKEY, SHERYL A 3299-5 NW 44TH STREET FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, ALEX 1316 KINNEY ST PORTSMOUTH, OH 45662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, IRENE 1316 KINNEY ST PORTSMOUTH, OH 45662
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKEY, STEVE 1227 N. ORANGE DR. #105 LOS ANGELES, CA 90038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheryl A. Dickey President - 2/19/08 951-467-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #