

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008789

FILED
Mar 24, 2009
Secretary of State

Entity Name: DICKEY CONSULTING SERVICES, INC.

Current Principal Place of Business:

1120-B NW 6TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

521 NW 1 AVENUE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

P.O. BOX 892
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: 65-1115420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKEY, SHERYL A
3299-5 NW 44TH STREET
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICKEY, SHERYL A
Address: 3299-5 NW 44TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: DICKEY, ALEX
Address: 1316 KINNEY ST
City-St-Zip: PORTSMOUTH, OH 45662

Title: D () Delete
Name: DICKEY, IRENE
Address: 1316 KINNEY ST
City-St-Zip: PORTSMOUTH, OH 45662

Title: D () Delete
Name: DICKEY, STEVE
Address: 1227 N. ORANGE DR. #105
City-St-Zip: LOS ANGELES, CA 90038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL A. DICKEY

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03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date