2003 FOR PROFIT CORPORATION



FILED Mar 19, 2003 8:00 am

DOCUMENT # P0000095503 1. Entity Name DME CONSULTING, INC.						Secretary of State 03-19-2003 90104 008 ***150.00			
13699 EAST!	ice of Business POINTE WAY H GARDENS FL 33418-1462	Mailing Address 13699 EASTPOINTE WAY PALM BEACH GARDENS FL 33418-1462							
2. Principal	Place of Business	3. Mailing Address			- I TOLIKA: III BALII ODIII BALII ODIII BALII ODIII				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State			4. FEI Number 65-1045456	— — -	pplied For lot Applicable		
Zip	Country	Zip		Country		5. Certificate of Status Desired	\$8.75 Ac	ditional	
	6. Name and Address of Curre	nt Register	red Agent		· ·	7. Name and Address of New Registered		.	
				Name					
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200				Street	et Address (P.O. Box Number is Not Acceptable)				
MIAMI BE	EACH FL 33139								
				City		FI	Zip Coo	de	
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purp	oose of changing its r	egistered office	or registere	ed agent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if an	nlicable (NOTE	Registered Agent signs	at va va visa d				
		THE LOT OF THE PARTY OF THE PAR	T (1401E.	negistered Agent signa	ature required	when reinstating) DATE			
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department) of State				Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTO	DRS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	PSTD		☐ Delete	TITLE	T		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	EGIZIO, DIANNE 13699 EASTPOINTE WAY PALM BEACH GARDENS FL 33:	418		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE	 		Change	Addition	
NAME			50.0.0	NAME			[_] Change	Aodition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE			□ · Delete	TITLE			☐ Change	Addition	
NAME			2000	NAME]		☐ Onlinge	Accition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS				NAME					
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE			☐ Change	Addition	
NAME				NAME					
STREET ADDRESS CITY-ST-ZIP			ı	STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE	 		Charge	- Addition	
NAME			La Delete	NAME			☐ Change	Addition	
STREET ADDRESS				STREET ADDRESS	1	•			
CITY-ST-ZIP				CITY-ST-ZIP					
12 Iboroby o	certains that the information as a light of								

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 received 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: