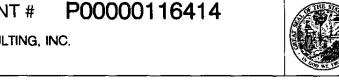
FILED Jan 31, 2003 8:00 am

Secretary of State 01-31-2003 90103 008 ***150.00

2003	FOR	PROFIT (CORPORA	TION
UNIFO	RM B	USINESS	REPORT	(UBR)

DOCUMENT # 1. Entity Name

DMAC CONSULTING, INC.



Principal Place of Business 1805 E. SANDPOINTE PLACE VERO BEACH FL 32963

Mailing Address

1805 E. SANDPOINTE PLACE VERO BEACH FL 32963

2. Principal Place of B	-ì ^^	3. Mailing Address	ide or
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Rack	ξ	Vero beach	Florida
32963	Indian River	32963	Lakea live

CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired 7. Name and Address of New Registered Agent

65-1064484

\$8.75 Additional Fee Required

Zip Code

Applied For

Not Applicable

Name and Address of Current Registered Agent

POLACKWICH, ALAN S SR CLEM, POLACKWICH, VOCELLE & BERG, L.L.P. 3333 20TH ST.

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

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.

City

FILE NOW!!! FEE IS \$150.00

SIGNATURE

VERO BEACH FL 32960

Signature, typed or printed name of registered agent and title if applicable.

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE M Change Addition MCGOFFIN, DEBORAH J NAME NAMÉ STREET ADDRESS 1805 E. SANDPOINTE PLACE STREET ADDRESS 70 Beachside DT #103 VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP Vero Beach, 7/a - 32963 ☐ Delete TITLE Change TITLE ☐ Addition MCGOFFIN, ROBERT L NAME NAME STREET ADDRESS 1805 E. SANDPOINTE PLACE STREET ADDRESS CITY-ST-7IF VERO BEACH FL 32963 CITY-ST-ZIP TITLE TITLE _ Delete __ 🔲 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITL F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

CR2E034 (10/02)