


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P01000069868</b><br><small>1. Entity Name</small><br>DYNAMIC CONSULTING SOLUTIONS, INC. |  |
|---|---|

|   |   |
|---|---|
| <small>Principal Place of Business</small><br>1028 LONGSTREET DR.<br>TALLAHASSEE, FL 32311-4006 | <small>Mailing Address</small><br>1028 LONGSTREET DR.<br>TALLAHASSEE, FL 32311-4006 |
|---|---|



04162006 No Chg-P CR2E034 (11/05)

|  |   |
|--|---|
| <small>4. FEI Number</small><br>59-3735602                               | <small>Applied For</small><br>Not Applicable  |
| <small>5. Certificate of Status Desired</small> <input type="checkbox"/> | <small>\$8.75 Additional Fee Required</small> |

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| <small>6. Name and Address of Current Registered Agent</small><br><br>JENKINS, CASSANDRA<br>1028 LONGSTREET DR.<br>TALLAHASSEE, FL 32311-4006 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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 re/instating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

| 10. OFFICERS AND DIRECTORS   |   |
|--|---|
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small> | D<br>JENKINS, CASSANDRA D<br>1028 LONGSTREET DR.<br>TALLAHASSEE, FL 323114006 |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small> |   |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small> |   |
| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small> |   |
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| <small>TITLE</small><br><small>NAME</small><br><small>STREET ADDRESS</small><br><small>CITY-ST-ZIP</small> |   |

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05/01/06-80018-002 150.00

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2006 (850) 656-1233  
Date Daytime Phone e