


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 039 ***150.00

DOCUMENT # P01000069868	
1. Entity Name DYNAMIC CONSULTING SOLUTIONS, INC.	

Principal Place of Business 1028 LONGSTREET DR. TALLAHASSEE, FL 32311-4006	Mailing Address 1028 LONGSTREET DR. TALLAHASSEE, FL 32311-4006
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04252007 Chg-P	CR2E034 (12/06)
4. FEI Number 59-3735602	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	
JENKINS, CASSANDRA 1028 LONGSTREET DR. TALLAHASSEE, FL 32311-4006	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP D JENKINS, CASSANDRA D 1028 LONGSTREET DR. TALLAHASSEE, FL 323114006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Cassandra D. Jenkins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/24/2007 Daytime Phone #: (850) 508-2832 or 656-1233