2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

ANNUAL REPORT)07 08: 00
DOCUMENT # P02000019147						Secreta	ary of Sta
1. Entity Nam DGC COI	nsultants, Inc.						
Principal Plac	e of Business	Mailing Address		ĺ			
PO BOX 1082 PO BOX 1082		PO BOX 1082 Cape Canaveral, FL 32920		į Į			
1.00			6		 	HERE STATE	
				01022007	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		······································	Applied For
				03-0413		<u></u> \$8,	Not Applicable 75 Additional
				5. Certificate o	of Status Desired		Required
	6. Name and Address of Current R	agistared Agent					
CUNIGAN C/O JAME	I, DAVID G			DO	NOT W	RITE	
16220 SW 280TH ST				IN T	HIS SP	ACE	- 선명하는 사람들은 수 19 : 25 : 10 : 10 : 10 : 10 : 10 : 10 : 10 : 1
HOMESTEAD, FL 33031							
8 The above	e named entity submits this statement for	the ourness of changing its register	ed office or registe	red agent or holl	in the State of Flo	vida Lam fami	liar with, and accept
	tions of registered agent.	the purpose of changing ha regional	cu office of registe	ica agent, or both	, at any older of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE.	Signature, typed or printed name of registered agent an	Attle fanningne (NTTE-Regetter	d Agent signature required	t when remembers)	<u> </u>	DATE	
	agentics, typed of present teams of registered square as		• •				
	E NOW!!! FEE 8 \$150.00 lay 1, 2007 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees			
10.	OFFICERS AND D	IRECTORS					
NAME	PD CUNIGAN, DAVID G						
STREET ADDRESS	133 WINDSONG WAY						
CITY-ST-ZIP	TITUSVILLE, FL 32780				າ ເປັນການ ເປັນການຄວາມຄວາມຄວາມຄວາມຄວາມຄວາມຄວາມຄວາມຄວາມຄວາມ	೧೯೮೩೦೦೦	
NAME					02/22/07	80029	23 150:00
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12. It 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 the address, with all other like empowered.

SIGNATURE:

STREET ADDRESS City-St-Zip

SUGNATURE AND TYPES OR PRINTED NAME OF SACRING OFFICER OR DIRECTOR

2-9-07

305-968609