


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90036 030 ***150.00

DOCUMENT # P02000059578 1. Entity Name DYNAMIC RETAIL CONSULTANTS, INC.					
Principal Place of Business 4225 SE TAMARIND STREET STUART, FL 34997			Mailing Address 4225 SE TAMARIND STREET STUART, FL 34997		
2. Principal Place of Business - No P.O. Box # 1498 SW CREST AVE Suite, Apt. #, etc.		3. Mailing Address 1498 SW CREST AVE Suite, Apt. #, etc.			
City & State Port Saint Lucie, FL Zip 34953 Country USA		City & State Port Saint Lucie, FL Zip 34953 Country USA		4. FEI Number 42-1538131 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02212008 Chg-P CR2E034 (12/06)	
-6. Name and Address of Current Registered Agent MACHADO, DAVID L 4225 SE TAMARIND STREET STUART, FL 34997			7. Name and Address of New Registered Agent Name David L Machado Street Address (P.O. Box Number is Not Acceptable) 1498 SW CREST AVE City Port Saint Lucie FL Zip Code 34953		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P MACHADO, DAVID L 4225 SE TAMARIND STREET STUART, FL 34997 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1498 SW CREST AVE Port Saint Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 