## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000069567

City-St-Zip: FREEPORT, NY 11520 US

Entity Name: DCS AND ASSOCIATES, INC

FILED Jan 26, 2007 Secretary of State

Entity Nai	me: DCS AND ASSOCIATES, INC.				
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:		
6919 W BROWARD BOULEVARD SUITE 217 PLANTATION, FL 33317		SUITE B	1544 NE 3RD AVENUE SUITE B FORT LAUDERDALE, FL 33304		
Current M	lailing Address:	New Mailing Addres	New Mailing Address:		
	ROWARD BOULEVARD				
217 PLANTATI	ION, FL 33317				
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired (X)		
Name and	Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
6919 W. B 217 PLANTATI The above in the State	FIELD, DIONE ROWARD BOULEVARD ION, FL 33317 US Inamed entity submits this statement for the of Florida.	e purpose of changing its registere	d office or registered agent, or both,		
SIGNATUI	RE:Electronic Signature of Registered /	Agent	 Date		
Election Car	mpaign Financing Trust Fund Contribution ( ).	gone	Bate		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES ( ) Delete CRUTCHFIELD, DIONE 6919 W. BROWARD BOULEVARD, SUITE 217 PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V PR ( ) Delete RENISHA, GLINTON 6919 W. BROWARD BOULEVARD, SUITE 217 PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	SEC () Delete BARBARA, POPE 116 W MERRICK ROAD 3F	Title: Name: Address:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE:	DIONE CRUTCHFIELD	PRES	01/26/2007