

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077263

FILED
Feb 29, 2004
Secretary of State

Entity Name: DATA ON-CALL CONSULTANTS, INC.

Current Principal Place of Business:

12717 W. SUNSET BLVD.
#186
SUNRISE, FL 33323 US

New Principal Place of Business:

4297 MAGNOLIA RIDGE DRIVE
WESTON, FL 33331 US

Current Mailing Address:

12717 W. SUNSET BLVD.
#186
SUNRISE, FL 33323 US

New Mailing Address:

4297 MAGNOLIA RIDGE DRIVE
WESTON, FL 33331 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DE FERIA, DOLORES C
Address: 12717 W. SUNRISE BLVD., #186
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DE FERIA, DOLORES C
Address: 4297 MAGNOLIA RIDGE DRIVE
City-St-Zip: WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: DOLORES C DE FERIA

PRES

02/29/2004

Electronic Signature of Signing Officer or Director

Date