

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093797

Entity Name: DCSC CONSULTING, INC.

FILED  
Apr 29, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1099  
DEERFIELD BEACH, FL 33443 US

## New Principal Place of Business:

1584 SW 6 TERRACE  
BOCA RATON, FL 33486 US

## Current Mailing Address:

P.O. BOX 1099  
DEERFIELD BEACH, FL 33443 US

## New Mailing Address:

FEI Number: 32-0089839      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLEMMONS, SUSAN Y  
1513 SE 13 STREET  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

CLEMMONS, SUSAN Y  
1584 SW 6TH TERRACE  
BOCA RATON, FL 33486 US

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: SUSAN CLEMMONS

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CONFESSORE, DAVID H  
Address: 1513 SE 13 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VP ( ) Delete  
Name: CLEMMONS, SUSAN Y  
Address: 1513 SE 13 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CONFESSORE, DAVID H  
Address: 1584 SW 6 TERRACE  
City-St-Zip: BOCA RATON, FL 33486 US

Title: VP (X) Change ( ) Addition  
Name: CLEMMONS, SUSAN Y  
Address: 1584 SW 6 TERRACE  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID CONFESSORE

P

04/29/2007

Electronic Signature of Signing Officer or Director

Date