

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000069348

Entity Name: DWH CONSULTING, INC.

FILED
Jun 13, 2008
Secretary of State

Current Principal Place of Business:

ONE INDEPENDENT DR., STE. 3303
JACKSONVILLE, FL 32202

New Principal Place of Business:

4223 VENETIA BLVD
JACKSONVILLE, FL 32210

Current Mailing Address:

ONE INDEPENDENT DR., STE. 3303
JACKSONVILLE, FL 32202

New Mailing Address:

4223 VENETIA BLVD
JACKSONVILLE, FL 32210

FEI Number: 51-0507794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRCHER, SALLY J ESQ.
ONE INDEPENDENT DR., STE. 3303
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

HEMPHILL, ANN S
4223 VENETIA BLVD
JACKSONVILLE, FL 32210 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: ANN S. HEMPHILL

06/13/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: STEWART HEMPHILL, ANNE
Address: 4223 VENETIA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: HEMPHILL, DAVID M
Address: 2937 YALE AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: STEWART HEMPHILL, ANN
Address: 4223 VENETIA BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN S. HEMPHILL

PTSD

06/13/2008

Electronic Signature of Signing Officer or Director

Date