



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P04000079450		
1. Entity Name DSI CONSULTING, INC.		
Principal Place of Business 3600 DALLAS HWY. SUITE 230, #384 MARIETTA, GA 30064	Mailing Address 3600 DALLAS HWY. SUITE 230, #384 MARIETTA, GA 30064	

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03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0875162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKSON, BARRY E CPA
 900 N. 12TH AVENUE
 PENSACOLA, FL 32501

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000670290 03/27/07-80106-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OWEN, RICHARD L
STREET ADDRESS	3600 DALLAS HWY., SUITE 230, #384
CITY-ST-ZIP	MARIETTA, GA 30064
TITLE	CEO
NAME	COWEN, TIM
STREET ADDRESS	3600 DALLAS HWY., SUITE 230, #384
CITY-ST-ZIP	MARIETTA, GA 30064
TITLE	CFO
NAME	JONES, SCOTT
STREET ADDRESS	3600 DALLAS HWY., SUITE 230, #384
CITY-ST-ZIP	MARIETTA, GA 30064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard L. Owen 3-13-07 404 791 6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #