

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079450

Entity Name: DSI CONSULTING, INC.

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

3600 DALLAS HWY.  
SUITE 230, #384  
MARIETTA, GA 30064

## New Principal Place of Business:

3050 FIVE FORKS TRICKUM ROAD  
SUITE D-614  
LILBURN, GA 30047

## Current Mailing Address:

3600 DALLAS HWY.  
SUITE 230, #384  
MARIETTA, GA 30064

## New Mailing Address:

3050 FIVE FORKS TRICKUM ROAD  
SUITE D-614  
LILBURN, GA 30047

FEI Number: 20-0875162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OWEN, RICHARD L  
1 SEASHORE DRIVE  
PENSACOLA, FL 32561 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: P ( ) Delete  
Name: OWEN, RICHARD L  
Address: 3600 DALLAS HWY., SUITE 230, #384  
City-St-Zip: MARIETTA, GA 30064

Title: CEO ( ) Delete  
Name: COWEN, TIM  
Address: 3600 DALLAS HWY., SUITE 230, #384  
City-St-Zip: MARIETTA, GA 30064

Title: CFO ( ) Delete  
Name: JONES, SCOTT  
Address: 3600 DALLAS HWY., SUITE 230, #384  
City-St-Zip: MARIETTA, GA 30064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OWEN, RICHARD L  
Address: 3050 FIVE FORKS TRICKUM SUITE D-614  
City-St-Zip: LILBURN, GA 30047

Title: CEO (X) Change ( ) Addition  
Name: COWEN, TIM  
Address: 3050 FIVE FORKS TRICKUM SUITE D-614  
City-St-Zip: LILBURN, GA 30047

Title: CFO (X) Change ( ) Addition  
Name: JONES, SCOTT R  
Address: 3050 FIVE FORKS TRICKUM SUITE D-614  
City-St-Zip: LILBURN, GA 30047

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: SCOTT R. JONES

CFO

03/30/2009

Electronic Signature of Signing Officer or Director

Date