

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000153213**

1. Entity Name  
**DST CONSULTING, INC.**



Principal Place of Business  
**2805 E OAKLAND PARK BLVD - # 186  
FT LAUDERDALE, FL 33306**

Mailing Address  
**2805 E OAKLAND PARK BLVD - # 186  
FT LAUDERDALE, FL 33306**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**THOMAS, DWIGHT  
2805 E OAKLAND PARK BLVD - # 186  
FT LAUDERDALE, FL 33306**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

DATE  
**02/02/07-80069-016 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
THOMAS, DWIGHT  
2805 E OAKLAND PK BLVD, # 186  
FT LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
THOMAS, SHEILA  
2805 E OAKLAND PK BLVD, # 186  
FT LAUDERDALE, FL 33306**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Sheila J Thomas Vice President* **12/30/2006** **954-778-2772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #