


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90016 044 \*\*\*150.00

<b>DOCUMENT P05000002935</b> 1. Entity Name D & A CONSULTING GROUP, INC.					
Principal Place of Business 725 LITHIA PINECREST ROAD BRANDON, FL 33511			Mailing Address 725 LITHIA PINECREST ROAD BRANDON, FL 33511		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>16528 N. Dale Mabry Hwy</i> Suite, Apt. #, etc.			
City & State Zip		City & State <i>Tampa, Florida</i> Zip <i>33618</i>		4. FEI Number <i>81-0661097</i>	
Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  SANDERS, WALTER 16528 NORTH DALE NMARBRY HWY BRANDON, FL 33618			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Walter Sanders</i> <i>Walter Sanders</i> DATE <i>2/24/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBS, DAVID J 3611 WOODHILL DRIVE BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O COMBS, David 3611 Woodhill Drive Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBS, ARLETTE 3611 WOODHILL DRIVE BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREAS COMBS, Arlette 3611 Woodhill Drive Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERDICOU, ANDREW 3611 WOODHILL DRIVE BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKIN, WILLIAM D 922 BELMONT DRIVE WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKIN, CATHY 922 BELMONT DRIVE WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, PHILLIP B 3611 WOODHILL DRIVE BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMBS, Phillip 3611 Woodhill Drive Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>David Combs</i> <i>David Combs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>2/24/06</i> Daytime Phone #		

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