2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P05000093082

Entity Name: DBS CONSULTING, INC.

Current Principal Place of Business:

4450 CAMINO REAL WAY
FT. MYERS, FL 33966 US

New Principal Place of Business:

2053 WEST FIRST STREET
FORT MYERS, FL 33902 US

Current Mailing Address:

C/O JOHN M. WICKER
P.O. BOX 60205
FT. MYERS, FL 33906 US

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906 US

FEI Number: 20-3094339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., SUITE 101
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 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: JOHN M. WICKER 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SPOSATO, STEPHEN G
Address: 4450 CAMINO REAL WAY
City-St-Zip: FT. MYERS, FL 33966 US

Title: VT ( ) Delete
Name: SMITH, BRIAN R
Address: 4450 CAMINO REAL WAY
City-St-Zip: FT. MYERS, FL 33966 US

Title: S ( ) Delete
Name: GASPERINI, GARY
Address: 4450 CAMINO REAL WAY
City-St-Zip: FT. MYERS, FL 33966 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SPOSATO, STEPHEN G
Address: 2053 WEST FIRST STREET
City-St-Zip: FORT MYERS, FL 33902 US

Title: DVT (X) Change ( ) Addition
Name: SMITH, BRIAN R
Address: 2053 WEST FIRST STREET
City-St-Zip: FORT MYERS, FL 33902 US

Title: S (X) Change ( ) Addition
Name: GASPERINI, GARY
Address: 2053 WEST FIRST STREET
City-St-Zip: FORT MYERS, FL 33902 US

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: BRIAN R. SMITH DVT 04/29/2009
Electronic Signature of Signing Officer or Director Date