


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90022 027 \*\*\*150.00

<b>DOCUMENT # P05000099014</b>	
1. Entity Name D.R.G. CONSULTING, INC.	

Principal Place of Business PO BOX 290791 TAMPA, FL 33687	Mailing Address PO BOX 290791 TAMPA, FL 33687
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3149827		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOFF, DWAYNE R 4802 SIMS INLET CT TAMPA, FL 33617		7. Name and Address of New Registered Agent Name DWAYNE R GOFF Street Address (P.O. Box Number is Not Acceptable) 11309 N 50th ST APT-4 City TAMPA FL Zip Code 33687	
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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 Dwayne R. Goff DATE 8-20-07

Signature, typed or printed name of registered agent and street applicable. (NOTE: Registered Agent signature required when remaining)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOFF, DWAYNE R PO BOX 290791 TAMPA, FL 33687 <input 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
New Home Address IS 11309 N 50th ST APT 4 TAMPA FL 33687		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Dwayne R. Goff		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input 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: Dwayne R. Goff DATE 8-20-07 (813) 850-2387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR