

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063690

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** D GROUP CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

1526 UNIVERSITY BLVD, #436  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

1650 MARGARET STREET  
SUITE 302-342  
JACKSONVILLE, FL 32204 US

**Current Mailing Address:**

1526 UNIVERSITY BLVD, #436  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

1650 MARGARET STREET  
SUITE 302-342  
JACKSONVILLE, FL 32204 US

**FEI Number:** 20-4811687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NYSEWANDER, DORETTE  
1526 UNIVERSITY BLVD, #436  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

NYSEWANDER, DORETTE M EDD  
1650 MARGARET STREET  
SUITE 302-342  
JACKSONVILLE, FL 32204 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:** DORETTE NYSEWANDER, EDD

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** NYSEWANDER, DORETTE M EDD  
**Address:** 1650 MARGARET STREET, SUITE 302-342  
**City-St-Zip:** JACKSONVILLE, FL 32204 US

I hereby 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 all other like empowered.

**SIGNATURE:** DORETTE NYSEWANDER, EDD

PST

03/09/2011

Electronic Signature of Signing Officer or Director

Date