

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90006 008 \*\*\*150.00

**DOCUMENT # P06000082368**

1. Entity Name  
D.M.D. FINANCIAL CONSULTING, INC



Principal Place of Business  
829 NW 123 DR.  
CORAL SPRINGS, FL 33071

Mailing Address  
829 NW 123 DR.  
CORAL SPRINGS, FL 33071

40000000



2. Principal Place of Business - No P.O. Box #

7427 TWIN FALLS DR.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 740434  
Suite, Apt. #, etc.

03042007 Chg-P CR2E034 (12/06)

City & State  
BOYNTON BEACH FL

Zip 33437 Country USA

City & State  
BOYNTON BEACH FL

Zip 33474 Country USA

4. FEI Number  
20-5066455

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAMOND, DOROTHY M.  
829 NW 123 DR.  
CORAL SPRINGS, FL 33071

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DIAMOND, DOROTHY M.  
STREET ADDRESS 829 NW 123 DR.  
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P O Box 740434  
STREET ADDRESS Boynton Beach, FL 33474-0434  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME P O Box 740434  
STREET ADDRESS Boynton Beach, FL 33474-0434  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Dorothy M. Diamond Dorothy M. Diamond 3/5/07 954 829-9702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #