2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P95000001463

Entity Name: DP CONSULTING INC.

Current Principal Place of Business:

1586 SARETA TERRACE
NORTH PORT, FL 34286

New Principal Place of Business:

2005 NITA TERRACE
NORTH PORT, FL 34286

Current Mailing Address:

1586 SARETA TERRACE
NORTH PORT, FL 34286

New Mailing Address:

2005 NITA TERRACE
NORTH PORT, FL 34286

FEI Number: 65-0564765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STILWELL, DUANE D
1586 SARATA TERRACE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

STILWELL, DUANE D
2005 NITA TERRACE
NORTH PORT, FL 34286 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: 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STILWELL, DUANE D
Address: 1586 SARETA TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete
Name: STILWELL, PRAYOON
Address: 1586 SARETA TERRACE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STILWELL, DUANE D
Address: 2005 NITA TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: D (X) Change ( ) Addition
Name: STILWELL, PRAYOON
Address: 2005 NITA TERRACE
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DUANE D. STILWELL PRES 01/06/2004
Electronic Signature of Signing Officer or Director — Date