

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070830

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: DVD CONSULTING INCORPORATED

**Current Principal Place of Business:**

5335 90TH AVENUE CIRCLE EAST  
PARRISH, FL 34219

**New Principal Place of Business:**

3110 WILDERNESS BOULEVARD W.  
PARRISH, FL 34219

**Current Mailing Address:**

5335 90TH AVENUE CIRCLE EAST  
PARRISH, FL 34219

**New Mailing Address:**

P.O. BOX 682  
ELLENTON, FL 34222

FEI Number: 59-3532419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAMILTON, THEODORE J  
1010 N. FLORIDA AVE.  
TAMPA, FL 33602 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: VAN DYKE, DOUGLAS A  
Address: 5335 90TH AVENUE CIRCLE EAST  
City-St-Zip: PARRISH, FL 34219

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: VAN DYKE, DOUGLAS A  
Address: 3110 WILDERNESS BOULEVARD W.  
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS A. VAN DYKE

PRES

04/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date