

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215508975				
1.) CORPORATION NAME: <b>D. P. Consulting, Inc.</b>		DUE DATE: <b>3/31/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DAVID E POWERS 599 DEWEY DR HAYSI, VA</b>		SCC ID NO: <b>05373873</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>DICKENSON COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 599 DEWEY DRIVE  CITY/ST/ZIP: HAYSI, VA 24256						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: DAVID POWERS TITLE: PRESIDENT ADDRESS: 599 DEWEY DRIVE CITY/ST/ZIP/CO: HAYSI, VA 24256	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: PHYLLIS POWERS TITLE: SECRETARY ADDRESS: 599 DEWEY DRIVE CITY/ST/ZIP/CO: HAYSI, VA 24256	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ DAVID POWERS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID POWERS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/9/2015 DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						