


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # PG2000003276

1. Entity Name
ORGANIZATION DIMENSIONS, INC.



Principal Place of Business
**12240 WOODLANDS CIRCLE
DADE CITY, FL 33525**

Mailing Address
**12240 WOODLANDS CIRCLE
DADE CITY, FL 33525**

DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3446500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURNS, NORMAN
12240 WOODLAND CIRCLE
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV BURNS, NORMAN R 12240 WOODLANDS CIRCLE DADE CITY, FL 33525
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05/07/04-80009-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Norman Burns* **NORMAN BURNS, PRES.** **4/29/04** **262-245-2421**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #