


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90400 035 \*\*\*150.00

**DOCUMENT # P02000003276**

1. Entity Name  
**ORGANIZATION DIMENSIONS, INC.**



Principal Place of Business <b>12240 WOODLANDS CIRCLE          DADE CITY, FL 33525</b>	Mailing Address <b>12240 WOODLANDS CIRCLE          DADE CITY, FL 33525</b>
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**DO NOT WRITE IN THIS SPACE**



03022006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-3446500</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$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 *[Signature]* DATE **4/3/24/06**

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 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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**DO NOT WRITE IN THIS SPACE**

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 reports 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 *[Signature]* DATE **4/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR