


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000074424		
1. Entity Name A DESIGN DIMENSION, INC.		

Principal Place of Business P.O. BOX 560612 ROCKLEDGE, FL 32956-0612	Mailing Address P.O. BOX 560612 ROCKLEDGE, FL 32956-0612
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4204940	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JAMES, CHRIS
411 THOR AVENUE SE #203
PALM BAY, FL 32909

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES, CHRIS 411 THOR AVENUE SE #203 PALM BAY, FL 32909
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05/04/04-80019-001 150.00

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: Chris James Pas 4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____