

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101643

FILED
Jan 05, 2006
Secretary of State

Entity Name: DIMENSIONAL DOSING SYSTEMS, INCORPORATED

Current Principal Place of Business:

2465 DOGWOOD DRIVE
WEXFORD, PA 15090

New Principal Place of Business:

Current Mailing Address:

2465 DOGWOOD DRIVE
WEXFORD, PA 15090

New Mailing Address:

FEI Number: 65-0879041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLYER, MACON PA
1834 MAIN STREET
SARASOTA, FL 34236 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: BETTERTON, GREG
Address: 625 APALACHICOLA
City-St-Zip: VENICE, FL 38285

Title: D () Delete
Name: MISHKIND, MARIA
Address: 4401 RIVERSIDE DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: LEFROCK, JACK MD
Address: 647 WATERSIDE WAY
City-St-Zip: SARASOTA, FL 34242

Title: PCEO () Delete
Name: MCMICHAEL, JOHN P
Address: 2465 DOGWOOD DRIVE
City-St-Zip: WEXFORD, PA 15090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN MCMICHAEL

MR.

01/05/2006

Electronic Signature of Signing Officer or Director

Date