

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000003276

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

**Current Principal Place of Business:**

12240 WOODLANDS CIRCLE  
DADE CITY, FL 33525

**Current Mailing Address:**

12240 WOODLANDS CIRCLE  
DADE CITY, FL 33525

**FEI Number: 36-3446500**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title PV  
Name BURNS, NORMAN R  
Address 12240 WOODLANDS CIRCLE  
City-State-Zip: DADE CITY FL 33525

*I hereby 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 all other like empowered.*

**SIGNATURE: NORMAN BURNS**

**PRESIDENT**

**03/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date