ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # 383354 FILED 1. Entity Name Jun 18, 2007 08:00 AM DIMENSION ELECTRONICS, INC. **Secretary of State** Mailing Address Principal Place of Business 120 E. OAKLAND PARK BLVD. SUITE 105 120 E. OAKLAND PARK BLVD. SUITE 105 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 104 boilage City & Stato City & State 4. FEI Number 59-1785812 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LITTLE, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 120 E. OAKLAND BLVD. #105 FT. LAUDERDALE FL 33334 City Zip Code 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 2 2 4 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change Addition uueWINCOR, DANIEL I NAME NAME U00000766345 120 E. OAKLAND PARK BLVD. #105 STREET ADDRESS STREET ADDRESS 06/18/07-80001-006 SSO.00 FORT LAUDERDALE FL 33334 C11Y-S1-7IP CITY-ST-71P HHE Delete TITLE Change □ Addition DRAGO, C. NAME NAME 120 E. OAKLAND PARK BLVD. #105 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-S1-ZIP CITY - ST - ZIP nne Delete TILLE Change Addition DOREMUS. J. NAME NAME 120 E. OAKLAND PARK BLVD. #105 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP FT. LAUDERDALE FL 33334 CITY - ST - ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+S1-7IP CUTY - S1 - ZIP Delete ШЕ TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-S1-71P TIME ☐ Delete IIILE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 logal effect as if made under eath; 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.

Daniel I. Wincor

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR