

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000003884

FILED
Oct 20, 2005
Secretary of State**Entity Name:** TELEDIMENSIONS INTERNATIONAL INC.**Current Principal Place of Business:**5253 WOOSTER ROAD
CINCINNATI, OH 45226**New Principal Place of Business:****Current Mailing Address:**5253 WOOSTER ROAD
CINCINNATI, OH 45226**New Mailing Address:****FEI Number:** 31-1780358**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**APPLETON, WILLIAM
A.G.C., CO.
200 S. ORANGE AVE, 23RD FLOOR
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: DCOO () Delete
Name: GOOSSENS, MARC
Address: 5253 WOOSTER ROAD
City-St-Zip: CINCINNATI, OH 45226

Title: PD () Delete
Name: STULL, REX R
Address: 5253 WOOSTER ROAD
City-St-Zip: CINCINNATI, OH 45226

Title: SD () Delete
Name: EL YORDI, AMIR
Address: 5253 WOOSTER ROAD
City-St-Zip: CINCINNATI, OH 45226

Title: DAS () Delete
Name: STULL, REX R
Address: 5253 WOOSTER ROAD
City-St-Zip: CINCINNATI, OH 45226

Title: T () Delete
Name: CLEMENT, ANDREW
Address: 5253 WOOSTER ROAD
City-St-Zip: CINCINNATI, OH 45226

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: CHAMBERLAIN, CRAIG
Address: 15725 NW 15TH AVENUE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG CHAMBERLAIN

D

10/20/2005

Electronic Signature of Signing Officer or Director

Date