



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90042 008 \*\*\*150.00

<b>DOCUMENT # F01000003884</b> 1. Entity Name <b>TELEDIMENSIONS INTERNATIONAL INC.</b>					
Principal Place of Business <b>5253 WOOSTER ROAD CINCINNATI, OH 45226</b>				Mailing Address <b>5253 WOOSTER ROAD CINCINNATI, OH 45226</b>	
2. Principal Place of Business <i>1101 St. Gregory</i> Suite, Apt. #, etc. <i>Suite 210</i> City & State <i>Cincinnati, OH</i> Zip <i>45202</i>		3. Mailing Address <i>1101 St. Gregory</i> Suite, Apt. #, etc. <i>Suite 210</i> City & State <i>Cincinnati, OH</i> Zip <i>45202</i>			
4. FEI Number <b>31-1780358</b>		01182006 Chg-P CR2E034 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>APPLETON, WILLIAM A.G.C., CO. 200 S. ORANGE AVE, 23RD FLOOR ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCOO</b> <input type="checkbox"/> Delete <b>GOOSSENS, MARC</b> <b>5253 WOOSTER ROAD</b> <b>CINCINNATI, OH 45226</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1101 St. Gregory, Ste. 210</i> <i>Cincinnati, OH 45202</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>STULL, REX R</b> <b>5253 WOOSTER ROAD</b> <b>CINCINNATI, OH 45226</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1101 St. Gregory, Ste 210</i> <i>Cincinnati, OH 45202</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>EL YORDI, AMIR</b> <b>5253 WOOSTER ROAD</b> <b>CINCINNATI, OH 45226</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>15725 N.W. 15 Ave</i> <i>Miami, FL 33149</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS</b> <input type="checkbox"/> Delete <b>STULL, REX R</b> <b>5253 WOOSTER ROAD</b> <b>CINCINNATI, OH 45226</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1101 St. Gregory, Ste 210</i> <i>Cincinnati, OH 45202</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>CLEMENT, ANDREW</b> <b>5253 WOOSTER ROAD</b> <b>CINCINNATI, OH 45226</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1101 St. Gregory, Ste 210</i> <i>Cincinnati, OH 45202</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CHAMBERLAIN, CRAIG</b> <b>15725 NW 15TH AVENUE</b> <b>MIAMI, FL 33169</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____			_____ <b>2/8/06</b> <b>(305) 622-2878</b> SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		