

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90142 019 \*\*\*150.00

**DOCUMENT # F04000002217**

1. Entity Name

AV DIMENSIONS, INC.



Principal Place of Business

5391 OCEANUS DRIVE  
HUNTINGTON BEACH CA 92649

Mailing Address

5391 OCEANUS DRIVE  
HUNTINGTON BEACH CA 92649



2. Principal Place of Business

3. Mailing Address

16792 Burke Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Huntington Beach, CA

4. FEI Number

33-0910107

Applied For

Not Applicable

Zip

Country

Zip

92647

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AIDALA, DANA  
10231 GENERAL DRIVE  
ORLANDO FL 32824

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WIGHT, ANDREW  
STREET ADDRESS 5391 OCEANUS DRIVE  
CITY-ST-ZIP HUNTINGTON BEACH FL 92649

TITLE ☒ Change ☐ Addition  
NAME President  
NAME Wight, Andrew  
STREET ADDRESS 16792 Burke Lane  
CITY-ST-ZIP Huntington Beach, CA 92647

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Wight march 27, 2006 (714) 375-6500

Date:

Daytime Phone #