


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90039 035 ***150.00

DOCUMENT # F04000002626 1. Entity Name DIMENSIONS INTERNATIONAL, INC.					
Principal Place of Business 4501 FORD AVE, STE 1200 ALEXADRIA, VA 22302			Mailing Address 4501 FORD AVE, STE 1200 ALEXADRIA, VA 22302		
2. Principal Place of Business 2800 Eisenhower Ave Suite, Apt. #, etc. 300			3. Mailing Address 2800 Eisenhower Ave Suite, Apt. #, etc. 300		
City & State Alexandria VA			City & State Alexandria VA		
Zip 22314		Country USA		4. FEI Number 54-1495380	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WRIGHT, RUSSELL T 4501 FORD AVE, STE 1200 ALEXADRIA, VA 22302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 Eisenhower Ave Ste. 300 Alexandria, VA 22302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, JOHNNIE E 4501 FORD AVE, STE 1200 ALEXADRIA, VA 22302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 Eisenhower Ave Ste. 300 Alexandria, VA 22302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRAWCZYK, JEFFREY P 200 DECADON DR, STE 235 EGG HARBOR TOWNSHIP, NJ 08234	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1201 New Road Suite 216 Linwood, NJ 08221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAPPS, DARRELL L 4501 FORD AVE, STE 1200 ALEXADRIA, VA 22302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 Eisenhower Ave Ste. 300 Alexandria, VA 22302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, ROBERT L 4501 FORD AVE, STE 1200 ALEXADRIA, VA 22302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2800 Eisenhower Ave Ste. 300 Alexandria, VA 22302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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 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: <i>Heely Zevendy</i> CFO 7/6/05 70399 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right;"> <small>Date</small> <i>06/10</i> <small>Daytime Phone #</small> </div>					

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