2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004237

NEWMAN, P. DANIEL

HOLLYWOOD, CA 90028

7095 HOLLYWOOD BLVD., #104-694

Name:

Address:

City-St-Zip:

Entity Name: EDIMENSIONAL, INC

FILED Sep 03, 2007 Secretary of State

Littly Nai	He. EDIMENS	BONAL, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	SEMARY AVE. LM BEACH, FL			411 7TH S WEST PAL		FL 33401		
Current Mailing Address:				New Mailing Address:				
	SEMARY AVE. LM BEACH, FL			411 7TH ST WEST PAL		FL 33401		
FEI Number:	52-2284098	FEI Number Applie	d For() FEI Nur	mber Not Appli	cable ()	Certificat	te of Status Desired ()	
Name and	Address of C	d Agent:	Name and Address of New Registered Agent:					
	MICHAEL SEMARY AVE. LM BEACH, FL							
	named entity s of Florida.	submits this statem	ent for the purpose o	of changing it	s registered	d office or re	egistered agent, or both,	
SIGNATUR	RE:							
	Electron	ic Signature of Reg	gistered Agent			[Date	
		3(2)(b), F.S., the corp Trust Fund Contribu	oration did not receive t	the prior notice	э.			
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGE	S TO OFF	ICERS AND DIRECTO	₹S:
Title: Name: Address: City-St-Zip:	EPSTEIN, MICH 460 S. ROSEMA			Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	NEWMAN, NATH 460 S. ROSEM			Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	D () EPSTINE, ARNO 7928 LAKE HEA POTOMAC, MD	TH WAY		Title: Name: Address: City-St-Zip:	D EPSTEIN, AI 7928 LAKEN POTOMAC, I	IHEATH WAY) Addition	
Title:	D ()	Delete		Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NATHAN NEWMAN VCVS 09/03/2007