


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 041 ***158.75

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DOCUMENT # F93000000963			
1. Entity Name DIMEN FINANCIAL GROUP, INC.			
Principal Place of Business 3471 VIA LIDO SUITE 213 NEWPORT BEACH, CA 92663 US		Mailing Address 3471 VIA LIDO SUITE 213 NEWPORT BEACH, CA 92663 US	
2. Principal Place of Business 3404 Via Lido		3. Mailing Address 3404 Via Lido	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Newport Beach, CA		City & State Newport Beach, CA	
Zip 92663	Country USA	Zip 92663	Country USA
6. Name and Address of Current Registered Agent CSC 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Phillip D. Hawkins Street Address (P.O. Box Number is Not Acceptable) 1881 N.E. 26 Street Suite 220 City Ft. Lauderdale FL Zip Code 33305	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCT THOMAS, DIANA <input checked="" type="checkbox"/> Delete 845 VIA LIDO NORD NEWPORT BEACH, CA 92663	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas F. Smith Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 370 Dillon Lane Swansea, MA 02777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMAS, CHRISTOPHER <input checked="" type="checkbox"/> Delete 845 VIA LIDO NORD NEWPORT BEACH, CA 92663	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO-D Kenneth J. Redding <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 442 Blackstone Street Uxbridge, MA 01569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kevin R. Day <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17 Monza Road Nashua, NH 03060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C-D Robert B. Clarke Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7 Quaker Lane Northbridge, MA 01534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael J. Kroll <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 Oak Street Uxbridge, MA 01569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Timothy P. Wickstrom <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 246 Hill Street Whitinsville, MA 01588
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 and empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/2/06 Daytime Phone # 800 286-8073	

ATTACHMENT
20013760

ADDENDUM TO

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F93000000963

DIMEN FINANCIAL GROUP, INC.

11. D
Joseph R. Meichelbeck
44 Fay Mountain Road
Grafton, MA 01519

☒ ADDITION