



FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90028 023 ***158.75

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F93000000963 1. Entity Name DIMEN FINANCIAL GROUP, INC.					
Principal Place of Business 3404 VIA LIDO SUITE B NEWPORT BEACH, CA 92663 US			Mailing Address 49 CHURCH STREET WHITINSVILLE, MA 01588 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number -33-9906749 33-0296128	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAWKINS, PHILLIP D 1881 N.E. 26 STREET STE 220 FORT LAUDERDALE, FL 33305			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 P	NAME SMITH, JR, THOMAS F		TITLE D		NAME Meichelbeck, Joseph R.
STREET ADDRESS 370 DILLON LANE	CITY-ST-ZIP SWANSEA, MA 02777		STREET ADDRESS 44 Fay Mountain Road	CITY-ST-ZIP Grafton, MA 01519	
TITLE CEOD	NAME REDDING, KENNETH J		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 442 BLACKSTONE STREET	CITY-ST-ZIP UXBRIDGE, MA 01569		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME DAY, KEVIN R		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 17 MONZA RD	CITY-ST-ZIP NASHUA, NH 03060		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE CD	NAME CLARKE, JR, ROBERT B		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 7 QUAKER LANE	CITY-ST-ZIP NORTHBRIDGE, MA 01534		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME KROLL, MICHAEL J		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 22 OAK STREET	CITY-ST-ZIP UXBRIDGE, MA 01569		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME WICKSTROM, TIMOTHY P		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 246 HILL STREET	CITY-ST-ZIP WHITINSVILLE, MA 01588		<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 or 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: 		Thomas F. Smith Jr.		2/22/08 800 286-8073	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	