

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000963

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: DIMEN FINANCIAL GROUP, INC.

**Current Principal Place of Business:**

3404 VIA LIDO  
SUITE B  
NEWPORT BEACH, CA 92663 US

**New Principal Place of Business:**

**Current Mailing Address:**

49 CHURCH STREET  
WHITINSVILLE, MA 01588 US

**New Mailing Address:**

FEI Number: 33-0296128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HAWKINS, PHILLIP D  
1881 N.E. 26 STREET  
STE 220  
FORT LAUDERDALE, FL 33305 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, JR, THOMAS F  
Address: 370 DILLON LANE  
City-St-Zip: SWANSEA, MA 02777

Title: CEO ( ) Delete  
Name: REDDING, KENNETH J  
Address: 442 BLACKSTONE STREET  
City-St-Zip: UXBRIDGE, MA 01569

Title: T (X) Delete  
Name: DAY, KEVIN R  
Address: 17 MONZA RD  
City-St-Zip: NASHUA, NH 03060

Title: CD ( ) Delete  
Name: CLARKE, JR, ROBERT B  
Address: 7 QUAKER LANE  
City-St-Zip: NORTHBRIDGE, MA 01534

Title: D ( ) Delete  
Name: KROLL, MICHAEL J  
Address: 22 OAK STREET  
City-St-Zip: UXBRIDGE, MA 01569

Title: D ( ) Delete  
Name: WICKSTROM, TIMOTHY P  
Address: 246 HILL STREET  
City-St-Zip: WHITINSVILLE, MA 01588

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: PAULHUS, JAMES F  
Address: 5 FENWICK CIRCLE  
City-St-Zip: AUBURN, MA 01501

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: THOMAS F. SMITH JR.

PRES

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date