


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000001496	
1. Entity Name DIMENSION CIRCUITS INCORPORATED	

Principal Place of Business 5327 COMMERCIAL WAY, UNIT B110 SPRINGHILL, FL 34607	Mailing Address 5327 COMMERCIAL WAY, UNIT B110 SPRINGHILL, FL 34607
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2752212	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANLEY, THOMAS
5327 COMMERCIAL WAY/UNIT B110
SPRINGHILL, FL 34607

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HANLEY, THOMAS 10063 12 OAK CT WEEKI WACHEE, FL 33512
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HANLEY, LINDA 10063 12 OAK CT WEEKI WACHEE, FL 33512
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/04-80006-012 150.00

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IN THIS SPACE**

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: *Thomas Hanley* **President** *1/22/04 (352) 597-3133*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #