

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 12, 2006 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**DO NOT WRITE IN THIS SPACE**

05052006 No Chg-F CR2E034 (11/05)

4. FFI Number

11-2752212

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$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.

(Not for Registered Agent signature required unless necessary)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

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

TITLE	VP
NAME	HANLEY, LINDA
STREET ADDRESS	10063 12 OAK CT
CITY-ST-ZIP	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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05/20/06-80088-004 150.00**DO NOT WRITE
IN THIS SPACE**

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 included in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required