## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # F93000001496



**FILED** Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90362 014 \*\*\*150.00

1. Entity Name DIMENSIO	е	IITS INCORPOR								
Principal Place of Business			Mailing Address			1 1	40033887			
5327 COMMERCIAL WAY, UNIT B110 SPRINGHILL, FL 34607			5327 COMMERCIAL WAY, UNIT B110 SPRINGHILL, FL 34607							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02132007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numb 11-275			}	plied For t Applicable
Zip			Zip Country		try	5. Certificate of Status Desired Sta				
	6. Name a	nd Address of Current	Registered Agent		Name	7. Name and	Address of New R	tegistered A	gent	
HANLEY, THOMAS 5327 COMMERCIAL WAY/UNIT B110					Street Address (P.O. Box Number is Not Acceptable)					
SPRINGHILL, FL 34607							······································			
					City			FL	Zip Cod	8
	named entity s ions of register		or the purpose of changing its	register	ed office or regist	tered agent, or bo	th, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or	printed name of registered agen	and title if applicable. (HOT	E: Registere	id Agent signature requi	red when reinstating)	- 	DATE	············	· ·
FIL After Ma	E NOW!!! F ay 1, 2007	EE IS \$150.00 Fee will be \$550.	9. Election Campa Trust Fund Con	-	~ — •	5.00 May Be				
10.	r	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	3 IN 11
TITLE	P	ار	☐ Delete	THIL.	- 1				Change	Addition
NAME STREET ADDRESS	l ·	HANLEY, THOMAS			ir I					_
CITY-ST-ZIP				STRI	l l					_
HILE					EET ADDRESS '-ST-ZIP					
	·		Delete		EET ADDRESS '- ST- ZIP				Change	☐ Addition
NAME	VP HANLEY, L	CHEE, FL 33512	☐ Delete	CITY	EET ADDRESS '-ST-ZIP E			<del>-</del>	☐ Change	
STREET ADDRESS	VP HANLEY, L 10063 12 O	CHEE, FL 33512 INDA AK CT	☐ Delete	CITY TITL NAM STRI	EET ADDRESS  '-ST-ZIP  E  E  EET ADDRESS				Change	
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12. I hereby certify that the information supplied with this filling 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 Indicate 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.