


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # J21689 1. Entity Name DIMENSIONAL ART, INC.	
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Principal Place of Business 5030 SEMINOLE BLVD. SAINT PETERSBURG, FL 33708 US	Mailing Address 5030 SEMINOLE BLVD. SAINT PETERSBURG, FL 33708 US
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04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2695295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARLOW, DAVID R. 7620 HARBOR VIEW WAY SEMINOLE, FL 33776

**DO NOT WRITE
IN THIS SPACE**

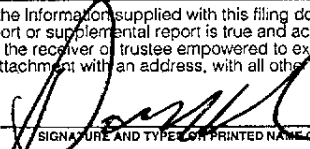
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS:	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARLOW, DAVID R. 7620 HARBOR VIEW WAY N. SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARLOW, ROBERT C. 1345 HILL DR LARGO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/22/05-80017-021 150.00

**DO NOT WRITE
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:  DAVID BARLOW 4/20/05 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #