2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074694

Entity Name: NEW DIMENSIONS UNLIMITED, LLC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

501 N. ORLANDO AVE. SUITE 313-217 WINTER PARK, FL 32789

New Mailing Address: Current Mailing Address:

501 N. ORLANDO AVE. SUITE 313-217 WINTER PARK, FL 32789

MANAGING MEMBERS/MANAGERS:

P.O. BOX 560192 ROCKLEDGE, FL 32956

FEI Number: 26-3109967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SMALL BUSINESS RESOURCES USA, INC. 1601 PARK CENTER DRIVE SUITE 6A ORLANDO, FL 32835 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

AMOS, CALVIN E AMOS, CALVIN E Name: Name: Address: 501 N. ORLANDO AVE., SUITE 313-217 Address: P.O. BOX 560192 City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ROCKLEDGE, FL 32956

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: AMOS, SHERRY R Name: AMOS, SHERRY R Address: 501 N. ORLANDO AVE., SUITE 313-217 Address: P.O. BOX 560192 City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: ROCKLEDGE, FL 32956

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CALVIN A, MOS **MGRM** 03/23/2009