2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

ANNUAL REPORT				Secretary of St			
DOCU	MENT # M32170]	2	secreta	ary of St	
1. Entity Nam	18 D DIMENSIONS OF SOUTH S						
INTERIO	R DIMENSIONS OF SOUTH F						
Principal Plac	e of Business	Mailing Address	<u> </u>	1 .			
		3324 W UNIVERSITY AVE.					
		#231 Gainesville, Fl 32607			•		
, 1		, 1			DO CIJIO DIODI IIDI INEIL BAIL		DIBIL BIDILDDI LI IDBI
				04052007	No Chg-P	CR2E034 (1	1/05)
5 ·	O NOT WRITE	IN THIS SPA	CE				Applied For
काल करें हैं न	And the same of th		₹	4. FEI Numb 59-269			Not Applicable
				5. Certificate	of Status Desired		5 Additional Required
	6. Name and Address of Current Re	gistered Agent	,				The Total of the
FEINSTEIN, RICHARD				DO.	NOT W	DITE	
h	NIVERSITY AVE #231	,		A	NOT W	e á í	
GAINESVI	ILLE, FL 32607	•		IN T	THIS SP	ACE	
							ang Military (1969) Distribution (1969)
8. The above	named entity submits this statement for th	e purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Flor	ida. Lam familis	ar with, and accept
	tions of registered agent.						
SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered						DATE	
	Signature, typed or printed name or registered agent and	ina ii abblicatina (MOLE Register	ad Agent signature required	a when reinstating)	T	UATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	~	.00 May Be led to Fees	 U00000 OSZ18Z0Z-	1749511 -90022-02	5 150 NO
10.	OFFICERS AND DIF	RECTORS		The table of the			
TITLE NAME	PVS FEINSTEIN, RICHARD						
STREET ADDRESS	3324 W UNIVERSITY AVE #231						
CITY-SI-ZIP	GAINESVILLE, FL 32607	· · · · · · · · · · · · · · · · · · ·	ا من المناسب		OF THE PARTY OF THE		
TITLE	TD					/ 'sap " . (
NAME STREET ADDRESS	FEINSTEIN, RICHARD 3324 W UNIVERSITY AVE #231			, ,		or Total	
CITY+ST-ZIP	FORT LAUDERDALE, FL 33321			المراط فيدا			
TITLE			***				to the first of the second of
NAME STREET ADDRESS			Jan San San		6.		the training
City - St - 7IP				DO	NOT W	RITE	
TITLE] .		THIS SP		and the second
NAME STREET ADDRESS			•	# U W			
CITY-ST-ZIP				i .	e e		
TITLE			1.			The Laboratory	
NAME CIDEST ADDRESS			,		Talanga, Sa		
STREET ADDRESS							

12. Thereby 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNALURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/16/07

Daytima Pnone #