

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004753

FILED  
May 14, 2011  
Secretary of State

**Entity Name:** HIGHER DIMENSIONS SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

927 OSPREY DRIVE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

927 OSPREY DRIVE  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 37-1670261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURBE, MARYAM  
927 OSPREY DRIVE  
MELBOURNE, FL 32940 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HUSSEIN, RATIB A  
Address: 10143 RIDGEBLOOM AVE  
City-St-Zip: ORLANDO, FL 32829

Title: D  
Name: AL-SHIKELY, ALI A  
Address: 11918 ALAFAYA WOODS CT  
City-St-Zip: ORLANDO, FL 32826

Title: D  
Name: LYNCH, BINTA S  
Address: 998 PYRACANTHA STREET  
City-St-Zip: PALM BAY, FL 32907

Title: D  
Name: SALIM, AZIZ  
Address: 1097 MARTIN BLVD  
City-St-Zip: ORLANDO, FL 32825

Title: D  
Name: MURBE, NASSER  
Address: 4870 SOUTH SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARYAM MURBE

RA

05/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date