## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000076086

City-St-Zip:

DELRAY BEACH, FL 33483

FILED Mar 31, 2004 Secretary of State

Entity Nar	ne: DMIME	ETINGS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 121	LINTON BLV -B EACH, FL 3						
Current Mailing Address:				New Mailing Address:			
SUITE 121	LINTON BLV -B EACH, FL 3						
FEI Number:	65-1130527	FEI Number Applied For (	) FEI Nui	mber Not Appl	icable()	Certificate of Status Desired	i ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUITE I DELRAY B	NG HARBOI EACH, FL 3	33445	the nurnose o	of changing it	ts registered	d office or registered agent, o	or both
in the State		y submits this statement for	the purpose c	or changing ii	is registered	d office of registered agent, t	or both,
SIGNATUR							
		onic Signature of Registere				Date	
Election Can	npaign Financi	ing Trust Fund Contribution()	•				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DUPONT, CC 100 EAST LIN	( ) Delete DLLEEN NTON BLVD - SUITE 121-B NCH, FL 33483		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, P	MERIDIAN AVE		Title: Name: Address: City-St-Zip:	100 EAST L	(X) Change ( ) Addition PARVIN J JR INTON BLVD - SUITE 121-B ACH, FL 33483	
Title: Name: Address:	DUPONT, AN	( ) Delete TOINE VTON BLVD - SUITE 121-B		Title: Name: Address:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: COLLEEN DUPONT VPST 03/31/2004