

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083155

Entity Name: DIMENSIONS & DESIGN, INC.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

1152 HIDEAWAY DR N
JACKSONVILLE, FL 32259

New Principal Place of Business:

105 IVY LAKES DRIVE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

1152 HIDEAWAY DR N
JACKSONVILLE, FL 32259

New Mailing Address:

105 IVY LAKES DRIVE
JACKSONVILLE, FL 32259 US

FEI Number: 59-3741073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASCONE, STEPHANIE M
1152 HIDEAWAY DRIVE NORTH
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

CASCONE, STEPHANIE M
105 IVY LAKES DRIVE
JACKSONVILLE, FL 32259 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: STEPHANIE CASCONI

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CASCONI, STEPHANIE
Address: 1152 HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32259

Title: V () Delete
Name: CASCONI, STEVEN
Address: 1152 HIDEAWAY DR N
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASCONI, STEPHANIE M
Address: 105 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP (X) Change () Addition
Name: CASCONI, STEVEN D
Address: 105 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: STEPHANIE CASCONI

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date