## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 14, 2005 08:00 AM Secretary of State

DOCUMENT # P01000119524  1. Entity Name DIMAR CORP.			Secretary of State				
Principal Plac 4516 DEL SC SARASOTA, F	- · · · - · - · - · - · - · · - · · · ·		e (mm/smmt /)) if	Mini ivale walif Malk! Saint iii	n mil 11 mil 18 18 7 M 1 mil 17 m 1	isii kirioo (; ; ; ; ; ;	
				01202005 No Chg-P CR2E034 (10/03)			
	6. Name and Address of Current Registered Age		E	4. FEI Number 36-4484 5. Certificate o	683	\$8.75 Fee Re	Applied For Not Applicable Additional quired
KATZENBERGER, MARTIN 4516 DEL SOL BLVD. SARASOTA, FL 34243							
			DO NOT WRITE IN THIS SPACE				
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent, lide if applicable (NOTE, Registered Agent signature required when reinstating)  DATE							with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution,				.00 May Be led to Fees			:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTORS  CEO KATZENBERGER, MARTIN 4516 DEL SOL BLVD. SARASOTA, FL 34243				U000002: 02/15/05-8	30129 3031-005	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZENBERGER, BEVERLY 4516 DEL SOL BLVD SARASOTA, FL 34243					· · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		, <sub>1</sub> , e., e., e.	DO	NOT WF	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					HIS SPA	<b>VCE</b>	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				t disconstra	englini di salah s		, <u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	enon Canadita	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 P	and make the state of the state		
12. I hereby of indicated of the cor changed,	certify that the information supplied with this filling does on this report or supplemental report is true and accura poration or the receiver or trustee empowered to execu or on an attachment with an address, with all other like	not qualify for the exemate and that my signature this report as require empowered.	nption stated in Se ire shall have the ed by Chapter 607 PARTON F	ection 119.07(3)(I), same legal effect 7. Florida Statutes,	Florida Statutes. I fur as if made under oath , and that my name ap	ther certify that i; that I am an o opears in Block	the information fficer or director 10 or Block 11 if