2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074424

1. Entity Name
A DESIGN DIMENSION, INC.

Principal Place of Business	Mailing Address
PO BOX 100007 PALM BAY, FL 32910	PO BOX 100007 PALM BAY, FL 32910

DO NOT WRITE IN THIS SPACE

02052008   No Chg-P   CR2E034 (11/05)

4. FEI Number 13-4204940	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, CHRIS
411 THOR AVENUE SE #203
PALM BAY, FL 32909

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 typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees

U00000899313
04/28/08-80034-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	JAMES, CHRIS
STREET ADDRESS	PO BOX 100007
CITY-ST-ZIP	PALM BAY, FL 32910

TITLE	V
NAME	JAMES, E J
STREET ADDRESS	PO BOX 100007
CITY-ST-ZIP	PALM BAY, FL 32910

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby 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: _____   4-14-08   (321) 752-7662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #