2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117131

Entity Name: DIMENSIONAL PROPERTIES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6938 MINIPPI DR 5764 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32818

SUITE 167

ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

5764 N. ORANGE BLOSSOM TRAIL P.O. BOX 683196

ORLANDO, FL 32868 SUITE 167

ORLANDO, FL 32868

FEI Number: 30-0127919 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SAMUELS, TRACY SMALL BUSINESS RESOURCES USA, INC.

6938 MINIPPI DR 773 S. KIRKMAN RD.

ORLANDO, FL 32818 US SUITE 118 ORLANDO, FL 32811 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: JAMES K. DUERR, CPA 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

6938 MINIPPI DR

ORLANDO, FL 32818

Title:

Name:

Name:

Address:

City-St-Zip:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SAMUELS, TRACY SAMUELS, TRACY Name:

5764 N. ORANGE BLOSSOM TRAIL, STE. 167 Address:

> City-St-Zip: ORLANDO, FL 32810

Title: Title: () Delete (X) Change () Addition

SAMUELS, VICTORIA Name: SAMUELS, VICTORIA

6938 MINIPPI DR Address: 5764 N. ORANGE BLOSSOM TRAIL, STE. 167 Address:

ORLANDO, FL 32818 ORLANDO, FL 32810 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TRACY SAMUELS 04/30/2007 D