

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117131

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DIMENSIONAL PROPERTIES, INC.

**Current Principal Place of Business:**

5764 N. ORANGE BLOSSOM TRAIL  
SUITE 167  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5764 N. ORANGE BLOSSOM TRAIL  
SUITE 167  
ORLANDO, FL 32868

**New Mailing Address:**

FEI Number: 30-0127919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 US

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

SMALL BUSINESS RESOURCES USA, INC.  
1601 PARK CENTER DRIVE  
SUITE 6A  
ORLANDO, FL 32835 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

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SAMUELS, TRACY  
Address: 5764 N. ORANGE BLOSSOM TRAIL, STE. 167  
City-St-Zip: ORLANDO, FL 32810

Title: S ( ) Delete  
Name: SAMUELS, VICTORIA  
Address: 5764 N. ORANGE BLOSSOM TRAIL, STE. 167  
City-St-Zip: ORLANDO, FL 32810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date