

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90236 026 \*\*\*150.00

**DOCUMENT # P03000001888**

1. Entity Name  
**SOLID DIMENSIONS, INC.**



Principal Place of Business  
**13550 N.E. 165TH STREET  
FT. MCCOY, FL 32134**

Mailing Address  
**13550 N.E. 165TH STREET  
FT. MCCOY, FL 32134**

2. Principal Place of Business - No P.O. Box #

**3101 SW 34th Ave  
Suite, Apt. #, etc.  
#905, PMB #432**

3. Mailing Address

**"same"**  
Suite, Apt. #, etc.

04072007 Chg-P CR2E034 (12/06)

City & State  
**Orlando, FL**

City & State

Zip Country

**32807 USA**

4. FEI Number  
**26-0057099**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIRMINGHAM, DAVID A  
13550 N.E. 165TH STREET  
FT. MCCOY, FL 32134**

7. Name and Address of New Registered Agent

Name **David A. Birmingham**  
Street Address (P.O. Box Number is Not Acceptable)  
**3101 SW 34th Ave, #905  
PMB #432**  
City **Orlando** FL Zip Code **32807**

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 **David Birmingham** DATE **4-17-07**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BIRMINGHAM, DAVIDA**  
STREET ADDRESS **13550 NE 165TH STREET**  
CITY-ST-ZIP **FT MCCOY, FL 32134**

TITLE **TD** ☐ Delete  
NAME **BIRMINGHAM, HALLE L**  
STREET ADDRESS **13550 NE 165TH STREET**  
CITY-ST-ZIP **FT MCCOY, FL 32134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3101 SW 34th Ave, #905, PMB #432**  
CITY-ST-ZIP **Orlando, FL 32807**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**David Birmingham**  
**4-17-07**