2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138679

Entity Name: R & D DIMENSIONAL ARTS CORPORATION

FILED Feb 28, 2005 Secretary of State

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

3528 HOLLIDAY AVE. 2100 N. PENINSULA AVE #206

APOPKA, FL 32703 US NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address: New Mailing Address:

3528 HOLLIDAY AVE. 2100 N. PENINSULA AVE #206

APOPKA, FL 32703 US NEW SMYRNA BEACH, FL 32169 US

FEI Number: 36-4545075 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:

ACKERMAN, DEBBY ACKERMAN, DEBBY

3528 HOLLIDAY AVE. 2100 N. PENÍNSULA AVE.. #206 APOPKA, FL 32703 US NEW SMYRNA BEACH, FL 32169 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: 02/28/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete Title: PRES (X) Change () Addition ACKERMAN, RICHARD Name: ACKERMAN, RICHARD 3528 HOLLIDAY AVE. Address: 2100 N. PENINSULA AVE #206

APOPKA, FL 32703 US City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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

Name: ACKERMAN, DEBBY Name: ACKERMAN, DEBBY

Address: 3528 HOLLIDAY AVE. Address: 2100 N. PENINSULA AVE #206
City-St-Zip: APOPKA, FL 32703 US City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD E. ACKERMAN PRES 02/28/2005