

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90410 042 ***150.00

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1. Entity Name
 DIMENSION USA, INC.

Principal Place of Business: 7061 GRAND NATIONAL DR., SUITE 142 ORLANDO, FL 32819
 Mailing Address: 7061 GRAND NATIONAL DR., SUITE 142 ORLANDO, FL 32819

50008559



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03282006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
 20-0819771

Applied For
 Not Applicable

Zip Country

Zip Country

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


6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIBEIRO, ALESSANDRA C
 7061 GRAND NATIONAL DR #105-R
 ORLANDO, FL 32819

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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:  DATE

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ISIDRO TREJO	
STREET ADDRESS	1132 REDMAN ST., #A	
CITY-ST-ZIP	ORLANDO, FL 32838	
TITLE	VP	<input type="checkbox"/> Delete
NAME	APOLINAR CRUZ, SALVADOR M	
STREET ADDRESS	1132 REDMAN ST, # A	
CITY-ST-ZIP	ORLANDO, FL 32838	
TITLE	D	<input type="checkbox"/> Delete
NAME	DA SILVA SOARES, OSVALDO	
STREET ADDRESS	5956 CASON COVE DR #104	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:  DATE: 3.28.06 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #