

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076776

FILED
Apr 20, 2006
Secretary of State

Entity Name: REAL ESTATE NEW DIMENSIONS INC.

Current Principal Place of Business:

2625 KEYSTONE RD., STE. ONE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

2625 KEYSTONE RD., STE. ONE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 20-1076107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHRS, HENRY G
4834 QUILL CT.
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GODIN, M. ODETHA
Address: 1090 ROLLING OAKS AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V () Delete
Name: KAHRS, CAROLYN J
Address: 4834 QUILL CT.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GODIN, M. ODETTE
Address: 1090 ROLLING OAKS AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

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

I hereby certify that the information supplied with this filing does not qualify for the 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: M ODETTE GODIN

P

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date