2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# P04000096997

Entity Name: SPECTRUM DIMENSION SOLUTIONS INC.

Current Principal Place of Business:

1411 EL CAJON COURT
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1411 EL CAJON COURT
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 20-1310414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEINBERGER, STEVEN M
1411 EL CAJON COURT
WINTER SPRINGS, FL 32708 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: DP ( ) Delete
Name: HURELBRINK, DOUG
Address: 5777 LAKE MELROSE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: D ( ) Delete
Name: WYKOFF, AMANDRA
Address: 5777 LAKE MELROSE DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: VD ( ) Delete
Name: WALLSKI, CHARLES
Address: 13714 WESLEYAN BLVD
City-St-Zip: ORLANDO, FL 32826

Title: DST ( ) Delete
Name: WALLSKI, JANICE
Address: 13714 WESLEYAN BLVD
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DOUG HURELBRINK DP 01/06/2005

Electronic Signature of Signing Officer or Director Date