

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122993

Entity Name: TALK DIMENSIONS INC.

FILED
Sep 05, 2005
Secretary of State

Current Principal Place of Business:

141 IRENE CT.
ROCKY MOUNT, NC 27804

New Principal Place of Business:

Current Mailing Address:

141 IRENE CT.
ROCKY MOUNT, NC 27804

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOPER, JULIA
Address: 141 IRENE CT.
City-St-Zip: ROCKY MOUNT, NC 27804

Title: D () Delete
Name: COOPER, MILTON
Address: 141 IRENE CT.
City-St-Zip: ROCKY MOUNT, NC 27804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JULIA COOPER

D

09/05/2005

Electronic Signature of Signing Officer or Director

Date