

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142961

FILED
Apr 20, 2005
Secretary of State

Entity Name: DIMENSIONAL ENTERPRISES INC

Current Principal Place of Business:

107 MARVIN DR
ORMOND BEACH, FL 32174

New Principal Place of Business:

2 GREEN VALE DR
ORMOND BEACH, FL 32174

Current Mailing Address:

P O BOX 730403
ORMOND BEACH, FL 32173-040 3

New Mailing Address:

2 GREEN VALE DR
ORMOND BEACH, FL 32173-040 3

FEI Number: 20-1751473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE
A
HOLLY HILL, FL 32117 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: CARLTON, THOMAS
Address: P O BOX
City-St-Zip: ORMOND BEACH, FL 32173-040 3

Title: TR () Delete
Name: SEXTON, SHAWN
Address: 486 CEDAR CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: VARGAS, WILLFREDO
Address: P O BOX 730403
City-St-Zip: ORMOND BEACH, FL 32174-040 3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LEWIS, MICHAEL
Address: 2 GREEN VALE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL LEWIS

VP

04/20/2005

Electronic Signature of Signing Officer or Director

Date