
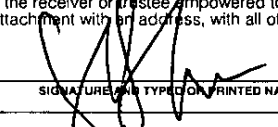


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90034 010 \*\*\*158.75

<b>DOCUMENT # P04000161910</b> 1. Entity Name <b>DIMMES, INC.</b>			
Principal Place of Business <b>601 5TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33701 US</b>		Mailing Address <b>601 5TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33701 US</b>	
2. Principal Place of Business <b>601 5th Ave North</b>		3. Mailing Address <b>2820 Newbern Way</b>	
Suite, Apt. #, etc. <b>St. Petersburg, FL</b>		Suite, Apt. #, etc. <b>Clearwater FL</b>	
City & State <b>St. Petersburg, FL</b>		City & State <b>Clearwater FL</b>	
Zip <b>33701</b> Country <b>US</b>		Zip <b>33761</b> Country <b>US</b>	
4. FEI Number <b>02102005</b> Chg-P <b>CR2E034 (10/03)</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>TISCA, STELIAN-DORU</b> <b>2820 NEWBERN WAY</b> <b>CLEARWATER, FL 33761</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TISCA, STELIAN-DORU 2820 NEWBERN WAY CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. BOARIU, IOAN P 12326 CAPRI CIRCLE N. ST. PETERSBURG, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		<b>STELIAN-DORU TISCA</b> <b>3.24.05</b> <b>727 410 1832</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	