

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076700

Entity Name: MORE DIMENSION TECHNOLOGIES INC

FILED  
Aug 16, 2006  
Secretary of State

## Current Principal Place of Business:

5104 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463

## New Principal Place of Business:

1840 CORAL WAY  
4TH FLOOR SUITE 4-303  
MIAMI, FL 33142

## Current Mailing Address:

5104 ARBOR GLEN CIRCLE  
LAKE WORTH, FL 33463

## New Mailing Address:

1840 CORAL WAY  
4TH FLOOR SUITE 4-303  
MIAMI, FL 33142

FEI Number: 20-2799003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MICHAELS, CADE R  
5104 ARBOR GLEN CIRCLE  
LAKE WORTH, FL, FL 33463 US

## Name and Address of New Registered Agent:

MICHAELS, CADE R  
1840 CORAL WAY  
4TH FLOOR SUITE 4-303  
MIAMI, FL 33142 US

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: CADE MICHAELS

08/16/2006

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: P ( ) Delete  
Name: MICHAELS, CADE R  
Address: 5104 ARBOR GLEN CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MICHAELS, CADE R  
Address: 1840 CORAL WAY 4TH FLOOR SUITE 4-303  
City-St-Zip: MIAMI, FL 33142

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: CADE MICHAELS

P

08/16/2006

Electronic Signature of Signing Officer or Director

Date