2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 26, 2004
Secretary of State

DOCUMENT# P94000008171

Entity Name: ALTERNATIVE DIMENSIONS, INC.

Current Principal Place of Business:

2736 CORTEZ RD
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

PO BOX 16535
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3225251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKEE, MICHAEL E
2736 CORTEZ RD
JACKSONVILLE, FL 32246 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: P ( ) Delete
Name: MCKEE, MICHAEL E
Address: 140 ANNANDALE DR. W.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCKEE, MICHAEL E
Address: 2736 CORTEZ ROAD
City-St-Zip: JACKSONVILLE, FL 32246

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 E MCKEE PRES 10/26/2004

Electronic Signature of Signing Officer or Director Date