

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000040914**

1. Entity Name  
**DIMENSIONS COMMUNICATION AND DESIGN, INC.**



Principal Place of Business  
**1225 NW 17 AVE  
103  
DELRAY BEACH, FL 33446 US**

Mailing Address  
**1225 NW 17 AVE  
103  
DELRAY BEACH, FL 33446 US**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0581377** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBIN, GAVIN  
1225 NW 17 AVE  
33445  
DELRAY BEACH, FL 33445**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PVD  
NAME ROBIN, GAVIN  
STREET ADDRESS 2425 NW 26TH STREET  
CITY - ST - ZIP BOCA RATON, FL 33431

TITLE ST  
NAME ROBIN, MANDY  
STREET ADDRESS 2425 NW 26TH STREET  
CITY - ST - ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

000000374382  
07/25/05-80008-004 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** MANDY ROBIN Secretary 7/20/05 266027  
Signature and typed or printed name of signing officer or director Date Daytime Phone #