

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068111

FILED
Mar 09, 2005
Secretary of State

Entity Name: 3 DIMENSIONAL MANAGEMENT CORPORATION

Current Principal Place of Business:

1405 LAKE WOOD CIRCLE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

676 NW OWLS NEST COURT
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

676 NW OWLS NEST COURT
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0690207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DEAN
1405 SE LAKEWOOD CIR.
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

COHEN, DEAN
676 NW OWLS NEST COURT
PORT SAINT LUCIE, FL 34983 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: DEAN COHEN

03/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COHEN, DEAN
Address: 1405 SE LAKEWOOD CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: DV () Delete
Name: MEDVEDEFF, GEORGE
Address: 116 N.W. BENTLEY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S () Delete
Name: MEDVEDEFF, DIANA
Address: 116 N.W. BENTLEY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COHEN, DEAN
Address: 676 NW OWLS NEST COURT
City-St-Zip: PORT SAINT LUCIE, FL 34983

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

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: GEORGE MEDVEDEFF

DV

03/09/2005

Electronic Signature of Signing Officer or Director

Date