


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # S11099
1. Entity Name
CAREER DIMENSIONS, INC.



Principal Place of Business 900 E OCEAN BLVD SUITE 232 STUART, FL 34994	Mailing Address 900 E OCEAN BLVD SUITE 232 STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0231819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELCH, R. THOMAS
2001 RACQUET CLUB DRIVE
PALM CITY, FL 34990

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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 reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WELCH, R. THOMAS 2001 RACQUET CLUB DR PALM CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WELCH, KATHLEEN A 2001 RACQUET CLUB DR PALM CITY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 807, 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:  **1/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #