

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2008 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**

DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

**4. FEI Number
65-0231819**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELCH, KATHLEEN A
2001 RACQUET CLUB DRIVE
PALM CITY, FL 34990**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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**
**P
WELCH, KATHLEEN A
2001 RACQUET CLUB DR
PALM CITY, FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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**000000802225
02/01/08-80051-008 150.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Kathleen Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

Date

Daytime Phone #