2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38813

FILED Jan 06, 2004 Secretary of State

Entity Name: NEURODIMENSION, INCORPORATED

Current Principal Place of Business:			New Principal Place of Business:	
800 N MA SUITE D4 SAINESVI	AIN ST. LLE, FL 32609	US		
urrent M	ailing Address	s:	New Mailing Address:	
800 N MA		LIO.		
	LLE, FL 32609 : 59-3065185	US FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
		,	.,	.,
lame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	H AVENUE			
MINEOVI	LLE, FL 32601			
he above	·	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity s e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both, Date
The above of the State SIGNATUI	named entity s e of Florida. RE: Electroni	·		
The above the State SIGNATUI	named entity s e of Florida. RE: Electroni	c Signature of Registered Agr	ent	
The above the State SIGNATUI	named entity set of Florida. RE: Electronic mpaign Financing S AND DIRECT	c Signature of Registered Agr Trust Fund Contribution (). TORS: Delete E C., TERRACE	ent	Date
The above the State of the Stat	named entity see of Florida. RE: Electroni mpaign Financing S AND DIRECT D () PRINCIPE, JOSI 3022 NW 24TH GAINESVILLE, F	c Signature of Registered Agr Trust Fund Contribution (). FORS: Delete E C., TERRACE	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: DANIEL M. WOOTEN PRES 01/06/200	04
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