

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38813

FILED
Jan 10, 2005
Secretary of State

Entity Name: NEURODIMENSION, INCORPORATED

Current Principal Place of Business:

1800 N MAIN ST.
SUITE D4
GAINESVILLE, FL 32609 US

Current Mailing Address:

1800 N MAIN ST.
SUITE D4
GAINESVILLE, FL 32609 US

New Principal Place of Business:

3701 NW 40TH TERRACE
SUITE 1
GAINESVILLE, FL 32606 US

New Mailing Address:

3701 NW 40TH TERRACE
SUITE 1
GAINESVILLE, FL 32606 US

FEI Number: 59-3065185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REID, STEVEN A.
314 NE 4TH AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRINCIPE, JOSE C.,
Address: 3022 NW 24TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: REID, STEVEN A.,
Address: 314 NE 4TH AVENUE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: WOOTEN, DANIEL M.,
Address: 1014 NW 104TH TERRACE
City-St-Zip: GAINESVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRINCIPE, JOSE C.,
Address: 3022 NW 24TH TERRACE
City-St-Zip: GAINESVILLE, FL US

Title: D (X) Change () Addition
Name: REID, STEVEN A.,
Address: 314 NE 4TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D (X) Change () Addition
Name: WOOTEN, DANIEL M.,
Address: 1014 NW 104TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606 US

Title: D () Change (X) Addition
Name: LYNN, GARY W V
Address: 1162 EQUESTRIAN DRIVE
City-St-Zip: SOUTH LYON, MI 48178 US

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

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01/10/2005

Electronic Signature of Signing Officer or Director

Date