2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # \$66085

HOLOGRAPHIC DIMENSIONS, INC.



Principal Place of Business

7503 NW 36TH ST. MIAMI, FL 33166 Mailing Address

2855 LAWRENCEVILLE-SUWANEE ROAD SUITE 760-325

SUWANEE, GA 30024

FILED Apr 02, 2007 08:00 AM Secretary of State



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0269786

Applied For Not Applicable

5. Certificate of Status Desired -

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAJEM, DIANA 12157 W. LINEBAUGH AVE., #180 TAMPA, FL 33626

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	Jacobselle (NOTE Pressure	1 4	required when reinstating)	DATE
 .	aignature, typed or printed name or registered agent and title	is applicable. (NOTE: Registered	Ageni signaturi	r required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	PTSD DAHER, TONI 2855 LAWRENCEVILLE-SUWANEE RD., 760-325 SUWANEE, GA 30024				
TITLE NAME STREET ADDRESS CITY - ST-ZIP					U00000688154 04/09/07-60035-005 158.7
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2007

Daytime Phone #