


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90049 017 ***150.00

DOCUMENT # S93512	
1. Entity Name DIMENSIONAL RESOURCES, INCORPORATED	

Principal Place of Business 4063 GREEN TREE AVENUE SARASOTA, FL 34233	Mailing Address 4063 GREEN TREE AVENUE SARASOTA, FL 34233
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2. Principal Place of Business - No P.O. Box # 408 Marshall St. E	3. Mailing Address P.O. Box 249
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Safety Harbor FL	City & State Safety Harbor FL
Zip 34695	Country USA
Zip 34695	Country USA

6. Name and Address of Current Registered Agent FINKELSTEIN, BARBARA R 4063 GREEN TREE AVE. SARASOTA, FL 34233	
7. Name and Address of New Registered Agent Name Finkelstein, Barbara R. Street Address (P.O. Box Number is Not Acceptable) 408 Marshall St. East City Safety Harbor FL Zip Code 34695	

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 Barbara R. Finkelstein	DATE 1/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD FINKELSTEIN, BARBARA R. 4063 GREE TREE AVENUE SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Finkelstein, Barbara R. 408 Marshall St. E Safety Harbor FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINKELSTEIN, SIDNEY 4063 GREEN TREE AVENUE SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Finkelstein, Sidney 408 Marshall St. E Safety Harbor FL 34695
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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: Barbara R. Finkelstein	DATE 1/14/08 727-726-3479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	