

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S93512

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** DIMENSIONAL RESOURCES, INCORPORATED

**Current Principal Place of Business:**

408 MARSHALL ST. E  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 249  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 65-0295705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINKELSTEIN, BARBARA R  
408 MARSHALL ST. E.  
SAFETY HARBOR, FL 34695 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

**OFFICERS AND DIRECTORS:**

Title: CPD  
Name: FINKELSTEIN, BARBARA R.  
Address: PO BOX 249  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: STD  
Name: FINKELSTEIN, SIDNEY  
Address: PO BOX 249  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

SIGNATURE: BARBARA R. FINKELSTEIN

CHAI

01/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date