
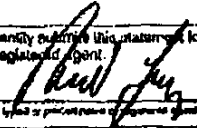

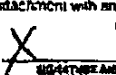
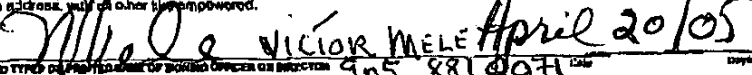


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90268 006 \*\*\*150.00

<b>DOCUMENT # V17059</b>			
1. Entity Name <b>DIMEL INVESTMENT CORP.</b>			
Principal Place of Business <b>20803 BISCAYNE BLVD. SUITE 200 AVENTURA, FL 33180</b>		Mailing Address <b>24 FAIRWAY HEIGHTS CRESCENT THORNHILL, ONTARIO, L3T 1K2 CANADA, XX</b>	
2. Principal Place of Business <b>400 N. PINE ISLAND RD</b>		3. Mailing Address	
State, Apt #, etc. <b>300</b>		Suite, Apt #, etc.	
City & State <b>PLANTATION, FL</b>		City & State	
Zip <b>33324</b>		Country	
5. Name and Address of Current Registered Agent <b>SCHNEIDER, ALAN 20803 BISCAYNE BLVD STE 200 AVENTURA, FL 33180</b>		7. Name and Address of New Registered Agent Name: <b>RICHARD LUNDY</b> Street Address (P.O. Box Number is Not Acceptable): <b>400 N. PINE ISLAND RD #300</b> City: <b>PLANTATION</b> FL Zip Code: <b>33324</b>	
8. The above named entity certifies 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 I accept the obligations of registered agent.			
SIGNATURE: 		SIGNATURE: 	
FILE NOW!!! FEE IS \$130.00 After May 1, 2005 Fee will be \$650.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PST MELE, VICTOR 24 FAIRWAY HEIGHTS CRESCENT THORNHILL, ONTARIO,</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(K), Florida Statute. 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, null or other the empowered.			
SIGNATURE: 		SIGNATURE: 	
SIGNATURE AND TITLE OF REGISTERED AGENT OF SUCCESSOR OFFICER OR DIRECTOR		DATE: <b>April 20/05</b>	

60046245



04182006 Chg-P CR2E034 (10/03)

4. FS Number: **65-082984** App. Fee For Not Applicable

3. Certificate of Status Decried  \$8.75 Additional Fee Required