


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V17059**  
 1. Entity Name  
**DIMEL INVESTMENT CORP.**



Principal Place of Business  
**400 N PINE ISLAND RD  
 300  
 PLANTATION, FL 33324**

Mailing Address  
**24 FAIRWAY HEIGHTS CRESCENT  
 THORNHILL, ONTARIO, L3T 1K2  
 CANADA, XX**

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FCI Number  
**85-0323984**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LUNDY, RICHARD  
 400 N PINE ISLAND RD  
 300  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent or if not applicable NOTE: Registered Agent signature required with new filings

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$500.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fee.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST MELE, VICTOR 24 FAIRWAY HEIGHTS CRESCENT THORNHILL, ONTARIO,</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000552177  
 05/15/06-80001-002 150.00

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: Victor L. Mele **VICTOR L. MELE** April 26/06  
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DIRECTOR Date Expiration Date