2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# V22279

Entity Name: DIMENSIONAL DESIGN, INC.

Current Principal Place of Business:

DIMENSIONAL DESIGN
32319 KINNE PEARCE RD
LEESBURG, FL 347887219 US

New Principal Place of Business:

DIMENSIONAL DESIGN
230 JAMES DR
TOWNVILLE, SC 29689 US

Current Mailing Address:

DIMENSIONAL DESIGN
32319 KINNE PEARCE RD
LEESBURG, FL 347887219 US

New Mailing Address:

DIMENSIONAL DESIGN
230 JAMES DR
TOWNVILLE, SC 29689 US

FEI Number: 59-3114221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARPENTER, MIKEL W.
218 ANNIE STREET
ORLANDO, FL 32836 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERB, BILL,
Address: 32319 KINNE PEARCE RD
City-St-Zip: LEESBURG, FL 34788

Title: VST ( ) Delete
Name: HERB, BILL,
Address: 32319 KINNE PEARCE RD
City-St-Zip: LEEBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HERB, BILL,
Address: 230 JAMES DR
City-St-Zip: TOWNVILLE, SC 29689

Title: VST (X) Change ( ) Addition
Name: HERB, BILL,
Address: 230 JAMES DR
City-St-Zip: TOWNVILLE, SC 29689

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILL HERB PD 04/29/2007

Electronic Signature of Signing Officer or Director Date