## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F06000005195

CANDIDATES ON DEMAND GROUP, INC.

FILED Sep 06, 2007 08:00 AN Secretary of State

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Principal Place of Business 433 FIFTH AVENUE 6TH FLOOR NEW YORK, NY 10016 Mailing Address

433 FIFTH AVENUE 6TH FLOOR NEW YORK, NY 10016



DO NOT WRITE IN THIS SPACE

05262007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
52-2368205		Not Applicable
5, Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

FISHKIND, ERIC 1201 US HIGHWAY ONE, #305 NORTH PALM BEACH, FL 33408

## DO NOT WRITE IN THIS SPACE

	ons of registered agent.				oth, in the State of Florida. Tam familiar with, and accept U000000773408 09/06/07-80001-022 150:.00	
	Signature, typed or printed name of registered agent and titl	le if applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9, Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	ECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WOLOSHIN, MICHAEL 433 5TH AVE 6 FL NEW YORK, FL 10016					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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						

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 embowered 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. If the provided in the receiver of the corporation of the receiver or trustee embowered.

SIGNATURE:

MICHAEL WOLDSHIN, PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 29 07

(212)213-0982

Date

Daytime Phone #