

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002928

Entity Name: DE MAXIMIS, INC.

FILED
Apr 02, 2006
Secretary of State

Current Principal Place of Business:

450 MONTBROOK LANE
KNOXVILLE, TN 37919 US

New Principal Place of Business:

Current Mailing Address:

450 MONTBROOK LANE
KNOXVILLE, TN 379192705 US

New Mailing Address:

FEI Number: 62-1342302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIMBUCH, JOSEPH A
2975 BEE RIDGE ROAD
SUITE C
SARASOTA, FL 34239 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: UNDERWOOD, BENNIE L
Address: 450 MONTBROOK LANE
City-St-Zip: KNOXVILLE, TN 37919 US

Title: SD () Delete
Name: MILLER, MICHAEL A
Address: 450 MONTBROOK LANE
City-St-Zip: KNOXVILLE, TN 37919 US

Title: TD () Delete
Name: DORSEY, R T
Address: 450 MONTBROOK LANE
City-St-Zip: KNOXVILLE, TN 37919 US

Title: D () Delete
Name: POTTER, WILLARD F
Address: 186 CENTER STREET, STE 290
City-St-Zip: CLINTON, NJ 08809 US

Title: D () Delete
Name: HEIMBUCH, JOSEPH A
Address: 2975 BEE RIDGE ROAD, SUITE C
City-St-Zip: SARASOTA, FL 34239 US

Title: D () Delete
Name: SEIBEL, GEOFFREY C
Address: 1125 S CEDAR CREST BLVD #202
City-St-Zip: ALLENTOWN, PA 18103 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: R. THOMAS DORSEY

TD

04/02/2006

Electronic Signature of Signing Officer or Director

Date