


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90196 046 ***150.00

DOCUMENT # F96000004131 1. Entity Name DEMAND TECHNOLOGY, INC.			
Principal Place of Business 1020 8TH AVE S. #64 NAPLES, FL 34102 US		Mailing Address 1020 8TH AVE S. #6 NAPLES, FL 34102 US	
2. Principal Place of Business - No P.O. Box # 2908 Kings Lake Blvd Suite, Apt. #, etc.		3. Mailing Address PO Box 1503 Suite, Apt. #, etc.	
City & State Naples, FL Zip 34112		City & State Naples, FL Zip 34106	
Country Collier		Country Collier	
4. FEI Number 65-0372209		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DECKER, JOANNE 1020 8TH AVENUE S SUITE 6 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Decker, Joanne 2908 KINGS LAKE BLVD Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDMAN, MARK 1020 8TH AVENUE S. SUITE #6 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDMAN, MARK 15416 134th place NE Woodinville, WA 98072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARZOUK, TOBEY 1120 19TH ST NW #750 WASHINGTON, DC 20036	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	
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: <u>Joanne Decker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/16/07</u> 239-261-8945 <small>Daytime Phone #</small>	