


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J46116</b> 1. Entity Name <b>DEMARAS, INCORPORATED</b>	
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Principal Place of Business <b>351 OCEAN DR. EAST KEY COLONY BEACH, FL 33051</b>	Mailing Address <b>P O BOX 510009 KEY COLONY BEACH, FL 33051</b>
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**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2744607</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DEMARAS, SUE 1324 COCO PLUM MARATHON, FL 33050</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMARAS, SUE 1324 COCO PLUM RD MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULK, BURNIE 8120 ENGLAND ST CHARLOTTE, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VORICK, LULA 491 10TH STREET KEY COLONY, FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80020-023 150.00

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.

<b>SIGNATURE:</b>  <b>LULA VORICK</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/17/07</b> <small>Date</small>	Daytime Phone # <b>305/743-4664</b> <small>Daytime Phone #</small>
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