2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007
Secretary of State

DOCUMENT# L04000038017

Entity Name: DEMAGNETIZED, LLC

Current Principal Place of Business:

601 NORTH CONGRESS AVENUE
SUITE 311
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

601 NORTH CONGRESS AVENUE
SUITE 311
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-2514526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 604
PALM BEACH GARDENS, FL 33410 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MASTERMAN, MICHAEL
Address: 601 N. CONGRESS AVE., SUITE 311
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR ( ) Delete
Name: LANDAU, RONALD
Address: 601 N. CONGRESS AVE., SUITE 311
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MASTERMAN, BERNADETTE
Address: 601 N. CONGRESS AVE., SUITE 311
City-St-Zip: DELRAY BEACH, FL 33445

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL MASTERMAN MGR 05/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date