

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000045243

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** DEMAND TECHNOLOGY SOFTWARE, INC.

**Current Principal Place of Business:**

909 SE 47TH TERRACE, SUITE 201-1  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1503  
NAPLES, FL 341061503

**New Mailing Address:**

**FEI Number:** 65-1037164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENNINGE, PHILIP  
909 SE 47TH TERRACE, SUITE 201-1  
CAPE CORAL, FL 33904 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HENNINGE, PHILIP  
Address: 909 SE 47TH TERRACE, SUITE 201-1  
City-St-Zip: CAPE CORAL, FL 33904

Title: STD  
Name: DECKER, JOANNE P  
Address: 909 SE 47TH TERRACE SUITE 201-1  
City-St-Zip: CAPE CORAL, FL 33904

Title: DIR  
Name: FRIEDMAN, MARK  
Address: 909 SE 47TH TERRACE SUITE 201-1  
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: JOANNE DECKER

STD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date