


**006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 23, 2006 08:00 AM
Secretary of State
BY: *6009*

| | | | | | |
|---|--|--|--|---|--|
| 1. Entity Name ABSOLUTE DEMO, INC. | | DOCUMENT # P01000075411 | |  | |
| Principal Place of Business 18721 TALLAHASSEE ST., D-14 TALLAHASSEE FL 32310 | | Mailing Address 18 SUMMER LN. CRAWFORDVILLE FL 32327 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City and State | | City & State | | 4. FEI Number 59-3735149 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| Zip and Country | | Zip and Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent BROWN, THOMAS C 18 SUMMER LN. CRAWFORDVILLE FL 32327 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| State | | | State FL | | |
| Zip Code | | | Zip Code | | |
| 8. The filer certifies that the filer 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 conditions of registered agent. | | | | | |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| DATE: _____ | | | | | |



1st MOORE CR2E034 (10/05)

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|--|-------------------------------|--|----------------|---|---|--|--|
| <p>URGENT NOTICE!!! FEE IS \$150.00 After May 7, 2006 Fee Will Be \$550.00 Check Payable to Florida Department of State</p> | | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BROWN, THOMAS C | | NAME | | | | |
| STREET ADDRESS | 18 SUMMER LN. | | STREET ADDRESS | | | | |
| CITY | CRAWFORDVILLE FL 32327 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY | | | CITY-ST-ZIP | | | | |
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| NAME | | | NAME | | | | |
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| NAME | | | NAME | | | | |
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| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY | | | CITY-ST-ZIP | | | | |

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01/30/06-80014-026 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas C. Brown* **1/24/06 (850) 575-3586**