


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

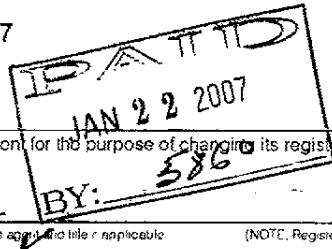
FILED

Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000075411 1. Entity Name ABSOLUTE DEMO, INC.																											
Principal Place of Business 1872 MILLS ST., D-10 B-10 TALLAHASSEE FL 32310			Mailing Address 18 SUMMER LN. CRAWFORDVILLE FL 32327																								
2. Principal Place of Business - No P.O. Box # 1872 Mills St		3. Mailing Address Suite, Apt. #, etc. B-10																									
City & State _____		City & State _____		4. FEI Number 59-3735149																							
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																							
6. 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 _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____																							
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 <u>Thomas C. Brown</u> BY: <u>386</u> JAN 22 2007																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY ST ZIP</td> <td style="width:10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>BROWN, THOMAS C</td> <td>18 SUMMER LN.</td> <td>CRAWFORDVILLE FL 32327</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete		BROWN, THOMAS C	18 SUMMER LN.	CRAWFORDVILLE FL 32327	<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY ST ZIP</td> <td style="width:10%; text-align: center;">Change</td> <td style="width:10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>
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1st MOORE CR2E034 (10/06)



U00000604362
01/29/07-80050-019 150.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 (850) 675-3586
Date Daytime Phone #