2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR) FILED** DOCUMENT # P01000075411 Jan 25, 2007 08:00 AN 1. Entity Name Secretary of State ABSOLUTE DEMO, INC. Principal Place of Business Mailing Address 1872 MILLS ST., D-14- B-10 18 SUMMER LN. TALLAHASSEE FL 32310 CRAWFORDVILLE FL 32327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1872 Mills 3+ Suite, Apt #, etc. Suite, Apt, #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3735149 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 18 SUMMER LN. CRAWFORDVILLE FL 32327 City Zio Code 8. The above named entity submits this statement pred office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Recustered Acrest suggestive recovered when reinstation) spinitive, typed or printed name of registered against intelle inapplicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE 31315 Delete ☐ Change BROWN, THOMAS C NAME MAM U00000E04362 18 SUMMER LN. STORE L'ADDRESS SHALL ADDRESS 01/29/07-80050-019 150.00 CRAWFORDVILLE FL 32327 CITY ST 7IP CHY-SI-782 ☐ Delete 1811 Addition Change NAME STREET ADDRESS STREET ADORESS CHY SI-712 CITY SLZIP ☐ Defete HHE HIII Change ☐ Addition NAME NAME STREET ADDRESS STRIET ADDRESS CHY SI ZIP CITY ST ZIP ☐ Change TER F ☐ Delete 1111 ☐ Addition NAM MARK STREET ADDRESS STREET ADDRESS CITY SI-7IP CHY SEZIP IIIIE ☐ Delete IIIL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY SE ZIP ☐ Delete Change ☐ Addition IIILE HRE STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY-ST ZIP 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 if changed, or on an attachment with an address, with all other like empowered.