2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2007 08:00 AM DOCUMENT # P03000001031 **Secretary of State** 1. Entity Namo DEMONS CYCLE, INC. Mailing Address Principal Place of Business 378 SW 14 AVENUE **378 SW 14 AVENUE** POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 72-1543835 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEINBACHER, THOMAS K Street Address (P.O. Box Number is Not Acceptable) **378 SW 14 AVENUE** POMPANO BEACH FL 33069 Zip Code 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 (NOTE, Registered Agent signature required when reinstating) consture, typed or printed name of registered agent and life / applicable 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete nie ☐ Change Addition IIILE STEINBACHER, THOMAS K NAME NAME 378 SW 14 AVENUE U00000611989 STREET ADDRESS STREET ADDRESS 02/02/07-80086-021 150.00 POMPANO BEACH FL 33069 CITY - ST - ZIP CITY ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addillon HITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition шп Delete HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change Addition THRE Delete NAM: STREET LADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP ☐ Change ☐ Addition ☐ Delete THEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST-789 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 eath; 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.

FILED

Davtime Phone #