

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000097398

Entity Name: DEMO DOCTOR, INC.**FILED**
May 22, 2008
Secretary of State**Current Principal Place of Business:**630 NW 7 TERRACE
FT. LAUDERDALE, FL 33311**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 14848
FT. LAUDERDALE, FL 33302**New Mailing Address:**

FEI Number: 56-2392313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:TRAFFORD, ROBERT J
2430 MARATHON LANE
FORT LAUDERDALE, FL 33312 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: P () Delete
Name: TRAFFORD, ROBERT J
Address: P.O. BOX 14848
City-St-Zip: FT. LAUDERDALE, FL 33302Title: VP () Delete
Name: RADULIC, AL
Address: P.O. BOX 14848
City-St-Zip: FT LAUDERDALE, FL 33302Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: CEO () Change (X) Addition
Name: TRAFFORD, EDITH J
Address: P.O BOX 14848
City-St-Zip: FT LAUDERDALE, FL 33302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT J TRAFFORD

PRES

05/22/2008

Electronic Signature of Signing Officer or Director

Date