

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112062

Entity Name: DEMEATRIC, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

6542 POMEROY CIR
ORLANDO, FL 32810

New Principal Place of Business:

4115 LAKE LAWNE AVE
ORLANDO, FL 32808

Current Mailing Address:

P.O.BOX 162042
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

4115 LAKE LAWNE AVE
ORLANDO, FL 32808

FEI Number: 20-0294022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARFIELD, DEMEATRIC
6542 POMEROY CIR
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

BARFIELD, DEMEATRIC
4115 LAKE LAWNE AVE
ORLANDO, FL 32808 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARFIELD, DEMEATRIC
Address: P.O. BOX 162042
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARFIELD, DEMEATRIC
Address: 4115 LAKE LAWNE AVE
City-St-Zip: ORANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEMEATRIC BARFIELD

MAN

04/25/2005

Electronic Signature of Signing Officer or Director

Date