2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

ATURE AND PPED OR PRINTED NAM

Apr 16, 2008 8:00 am Secretary of State **DOCUMENT # P07000089583** 04-16-2008 90023 035 ***150.00 1. Entity Name DEMMI 1 ENTERPRISES, INC. Mailing Address Principal Place of Business 60054576 8512 CANTERBURY LAKE BLVD. 8512 CANTERBURY LAKE BLVD. TAMPA, FL 33619 TAMPA, FL 33619 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04072008 CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 90-0335007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMMI, JOSEPH M JR. Street Address (P.O. Box Number is Not Acceptable) 8512 CANTERBURY LAKE BLVD. TAMPA, FL 33619 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME . DEMMI, JOSEPH M JR. NAME 8512 CANTERBURY LAKE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33619 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Chance Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Channe ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED