

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004385

**FILED**  
**Mar 29, 2009**  
**Secretary of State**

**Entity Name:** DEMOGRAPHIC DATA FOR DECISION MAKING, INC.

**Current Principal Place of Business:**

9700 SOUTH DIXIE HIGHWAY  
SUITE 500  
MIAMI, FL 33156 US

**New Principal Place of Business:**

3471 MAIN HWY  
VILLA 203  
COCONUT GROVE, FL 33133 US

**Current Mailing Address:**

9700 SOUTH DIXIE HIGHWAY  
SUITE 500  
MIAMI, FL 33156 US

**New Mailing Address:**

3471 MAIN HWY  
VILLA 203  
COCONUT GROVE, FL 33133 US

**FEI Number:** 65-0562157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCHENRY, JOHN P  
9700 SOUTH DIXIE HIGHWAY  
SUITE 500  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

MCHENRY, JOHN P  
3471 MAIN HIGHWAY  
VILLA 203  
COCONUT GROVE, FL 33133 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:**

03/29/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR. ( ) Delete  
**Name:** MCHENRY, JOHN P  
**Address:** 9927 NW 49 TER  
**City-St-Zip:** MIAMI, FL 33178 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR. (X) Change ( ) Addition  
**Name:** MCHENRY, JOHN P  
**Address:** 3471 MAIN HIGHWAY, VILLA 203  
**City-St-Zip:** COCONUT GROVE, FL 33133 US

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:** JOHN PERSONS MCHENRY

DR

03/29/2009

Electronic Signature of Signing Officer or Director

Date