

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097476

FILED
Apr 28, 2007
Secretary of State

Entity Name: ABSOLUTE AMERICAN COMPANY, LLC

Current Principal Place of Business:

425 SW FIFER AVENUE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

425 SW FIFER AVENUE
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-5499290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARM, DELYNN
1673 SE GREEN ACRES NN 203
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

HARM, DELYNN
2913 SW CHATHAM LANE
PORT ST. LUCIE, FL 34953 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: _____

04/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARM, GREGORY
Address: 425 SW FIFER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM () Delete
Name: HARM, GLEN
Address: 1673 GREENACRES CIR #203
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HARM, GREGORY
Address: 425 SW FIFER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP (X) Change () Addition
Name: HARM, GLEN
Address: 2913 SW CHATHAM LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLEN HARM

VP

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date