

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111659

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: ABSOLUTE SCHOOL OF HEALTH CAREERS INC

## Current Principal Place of Business:

8000 N UNIVERSITY DRIVE  
2ND FLOOR  
TAMARAC, FL 33321 US

## New Principal Place of Business:

## Current Mailing Address:

8000 N UNIVERSITY DRIVE  
2ND FLOOR  
TAMARAC, FL 33321 US

## New Mailing Address:

FEI Number: 20-3286988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHAW, BERNARD  
1845 EAGLE TRACE BLVD  
CORAL SPRINGS, FL 33071 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: SHAW, BERNARD  
Address: 1845 EAGLE TRACE BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: P ( ) Delete  
Name: SHAW, NORMA  
Address: 1845 EAGLE TRACE BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S ( ) Delete  
Name: SHAW, JONATHAN  
Address: 1845 EAGLE TRACE BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BERNARD SHAW

T

04/27/2006

Electronic Signature of Signing Officer or Director

Date