

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078328

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ABSOLUTELY FABULOUS INC

**Current Principal Place of Business:**

154 EAST HIGHLAND AVENUE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 121087  
CLERMONT, FL 34712 US

**New Mailing Address:**

154 EAST HIGHLAND AVENUE  
CLERMONT, FL 34711 US

FEI Number: 20-5014288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DESROCHERS, LISE M  
626 GRAND HWY  
CLERMONT, FL 34711 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: DIR ( ) Delete  
Name: DESROCHERS, LISE M  
Address: 626 GRAND HWY  
City-St-Zip: CLERMONT, FL 34711 US

Title: DIR ( ) Delete  
Name: DESROCHERS, JOSEE  
Address: 10837 VERSAILLES BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: DIR ( ) Delete  
Name: MACKNESS, PETER  
Address: 10837 VERSAILLES BLVD  
City-St-Zip: CLERMONT, US 34711 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 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: LISE DESROCHERS

OFFI

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date