2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131560

FILED Apr 29, 2009 Secretary of State

Entity Name: ABSOLUTE VALUE ENTERPRISES, INCORPORATED

Current P	rincipal Plac	e of Business:	New Principal Place	e of Business:
2801 PALI PUNTA G	M DRIVE ORDA, FL 33	950		
Current Mailing Address:		New Mailing Address:		
2801 PALM DRIVE PUNTA GORDA, FL 33950		P.O. BOX 511154 PUNTA GORDA, FL 33951		
FEI Number	: 06-1797610	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
WESTMAI 2801 PALI PUNTA G				
	ONDA, 1 E 33	930 03		
The above	,		purpose of changing its register	ed office or registered agent, or both,
The above n the State	named entity e of Florida.		purpose of changing its register	ed office or registered agent, or both,
The above n the State	named entity e of Florida. RE:			ed office or registered agent, or both, Date
The above n the State	named entity e of Florida. RE: Electro	submits this statement for the		
The above n the Stati SIGNATUI	named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
The above n the Status SIGNATUI SIGNATUI Care Care Care Care Care Care Care Care	named entity e of Florida. RE:Electro mpaign Financir	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete REDRIC M RIVE	ent	Date
The above n the Stati SIGNATUI	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECT P (WESTMAN, FI 2801 PALM DI PUNTA GORD	submits this statement for the nic Signature of Registered Agag Trust Fund Contribution (). CTORS:) Delete REDRIC M RIVE A, FL 33950) Delete -, STEPHEN D RIVE	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

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: FREDRIC M WESTMAN P 04/29/2009