

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002740

FILED
Jan 11, 2006
Secretary of State

Entity Name: THE ABSOLUT SPIRITS COMPANY, INCORPORATED

Current Principal Place of Business:

1370 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

1370 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 13-4181021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: HORTON, CARL
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: BARON, BENGT
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: VST () Delete
Name: MISIORSKI, MICHAEL P
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: SCHLEIFER, JAMES
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: D () Delete
Name: PEDERSEN, HANS C.P.
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: AEPPLI, MATTHIAS
Address: 1370 AVE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

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:

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

Title: D (X) Change () Addition
Name: ERIKSEN, KETIL
Address: 1370 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

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: MICHAEL MISIORSKI

VST

01/11/2006

Electronic Signature of Signing Officer or Director

_____ Date