## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097476

Entity Name: ABSOLUTE AMERICAN COMPANY, LLC

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

425 SW FIFER AVENUE PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

425 SW FIFER AVENUE PORT ST. LUCIE, FL 34953

FEI Number: 20-5499290 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:

HARM, DELYNN

1673 SE GREEN ACRES NN 203

PORT ST. LUCIE, FL 34952 US

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 HARM, GREGORY
 Name:
 HARM, GREGORY

 Address:
 425 SW FIFER AVENUE
 Address:
 425 SW FIFER AVENUE

 City-St-Zip:
 PORT ST. LUCIE, FL 34953
 City-St-Zip:
 PORT ST. LUCIE, FL 34953

Title: MGRM ( ) Delete Title: VP (X) Change ( ) Addition

Name: HARM, GLEN Name: HARM, GLEN

 Address:
 1673 GREENACRES CIR #203
 Address:
 2913 SW CHATHAM LANE

 City-St-Zip:
 PORT ST. LUCIE, FL 34952
 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