


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90043 019 ***138.75

DOCUMENT # L06000121082	
1. Entity Name ABSOLUTE SOLUTION, LLC	

Principal Place of Business 2643 GULF TO BAY BLVD SUITE 1560 #171 CLEARWATER, FL 33759	Mailing Address 2643 GULF TO BAY BLVD SUITE 1560 #171 CLEARWATER, FL 33759
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2. Principal Place of Business - No P.O. Box #, 1748 St Anthony Drive	3. Mailing Address 1748 St Anthony Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater	City & State Clearwater
Zip 34617	Zip 34617
Country USA	Country USA



01092008 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent GIBSON, DEBORAH A 2643 GULF TO BAY BLVD SUITE 1560 #171 CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Deborah A. Gibson Street Address (P.O. Box Number is Not Acceptable) 1748 St Anthony Drive City Clearwater FL Zip Code 33759

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deborah A. Gibson* DATE 1-9-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM. <input type="checkbox"/> Delete GIBSON, DEBORAH A 2643 GULF TO BAY BLVD, SUITE 1560 #171 CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1748 St Anthony Drive Clearwater, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Deborah A. Gibson* (Deborah A. Gibson) DATE 1-9-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE