

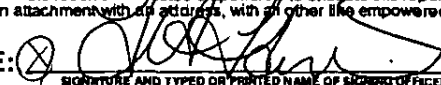


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/2

FILED
Mar 23, 2005 8:00 am
Secretary of State

02-28-2005 90240 019 ***150.00

| | | | | | |
|--|---|---|--|---|---|
| DOCUMENT # L97417 1. Entity Name A ABSOLUTE ELECTRIC, INC. | | | |  | |
| Principal Place of Business 21000 BOCA RIO RD SUITE A30 BOCA RATON FL 33433 US | | | Mailing Address 21000 BOCA RIO RD SUITE A30 BOCA RATON FL 33433 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Zip Country | | | City & State Zip Country | | |
| 4. FEI Number 65-0196830 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 1st MOORE CR2E034 (10/04) | |
| 6. Name and Address of Current Registered Agent MULLIN, JAMES G. 2263 NORTHWEST BOCA RATON BLVD SUITE 205 BOCA RATON FL 33431 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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:  DATE: 2/19/05 <small>(NOTE: Registered Agent signature required when registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HAMMOND, FREDERICK J 8706 VIA ANCHO RD BOCA RATON FL 33433 | <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other line empowered. | | | | | |
| SIGNATURE:  | | | Date: 2/19/05 (561) 852-8300 <small>Daytime Phone #</small> | | |