

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000014452

FILED
Jan 24, 2007
Secretary of State

Entity Name: ABSOLUTE TECHNICAL SOLUTIONS, INC.

Current Principal Place of Business:

4090 HODGES BLVD.
#3614
JACKSONVILLE, FL 32224

New Principal Place of Business:

11555 CENTRAL PKWY., SUITE 403
JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 330123
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3628960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, JAMES C
PO BOX 330123
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

BROOKS, JAMES C
42 FAIRWAY RD.
JACKSONVILLE BEACH, FL 32250 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: _____

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROOKS, JAMES C
Address: 4090 HODGES BLVD. #3614
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROOKS, JAMES C
Address: 42 FAIRWAY RD.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: JAMES C. BROOKS

P

01/24/2007

Electronic Signature of Signing Officer or Director

Date