FILED
Mar 27, 2006 08:00 A
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

EPDVNFOU!$ P01000102957

2/ Entity Name
ABSOLUTE STORM PROTECTION SERVICES, INC.

Principal Place of Business	Mailing Address
5 LANE DRIVE UNIT E MARY ESTHER, FL 32569	5 LANE DRIVE UNIT E MARY ESTHER, FL 32569

EP OPU X SJJF JO UI JT TQBDF

03222006 OpID h.Q DS3F145!)22016*

5/ FEI Number 59-3754987 — Applied For / Not Applicable

6/ Certificate of Status Desired ☐ %9/86 Beejujpobm Gf f iSf rvjsf e

7/ Obn f iboeiBeesf t t ipgDvsf ouSf hjt uf sf eBhf ou

PERRI, DANIEL C
4 ELEVENTH AVE
SUITE ONE
SHALIMAR, FL 32579

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9/ 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 SCHMEER R. [signature] 03/23/06

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

:/ Election Campaign Financing Trust Fund Contribution. ☐ %6/11 NbzIOr Beef eitpIGr t

000004800330
04/10/06-80041-001 150.00

21/ OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMEER, RUDI
STREET ADDRESS	703 FOREST SORES DR
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	D
NAME	HEINEN, BIRGIT
STREET ADDRESS	703 FOREST SORES DR
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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23/ 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 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 all other like empowered.

TJHOBUVSF; R. [signature] 03/23/06 (850)244-0039

TJHOBUVSFBOEUZQFEPSQSJOUFEOBNFPGTJHOJOHPGGJDFSPSEJSFDUPS — Date — Daytime Phone #