2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90434 025 ***150.00

DOCUMENT # P02000119260 1. Entry Name ABSOLUTE SERVICES OF CENTRAL FLORIDA, INC.								05-01-2006 9	90434 02	5 ***15(0.00
Principal Place of Business 1313 MADOC STREET N.W. PALM BAY, FL 32907			1	leiling Address 1313 MADOC STREET I PALM BAY, FL 32907			, ** *				
2. Principal P	Place of Busi	necs	3.	Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04122006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State			4. FEI Numbe 14-1854				pplied For ot Applicable
Zíp	Zip Country		Zip C		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	
6. Name and Address of Current				stered Agent		7. Name and	Address of New R				
NOVAK, JOE						Name					
1313 MADOC STREET N.W. PALM BAY, FL 32907						Street Address (P.O. Box Number is Not Acceptable)					
·						City				Ziro Coc	ia
9. The about correct entity or horite this statement for the				number of changing its			h 1 sh Chan at Fi	FL		-	
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 											
Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE											
		FEE IS \$150.00 6 Fee will be \$55	0.00	9. Election Campai Trust Fund Cont			.00 May Be led to Fees				
10.						ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11	
NAME STREET ACCIDEESS CITY-ST-ZIP	I .	JOE DOC STREET NW NY, FL 32907		☐ Delste		- I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate		- I	ir arrandini Mark			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Add itton
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	cm	ie Eet adoress '-st-zip.'				Change	☐ Addition
12. I hereby indicated of the corchanged	certify that the lon this report poration or to or on an att	ne information supplied on tor suppliemental repo the receiver or fustee of achment with an address	with this this true prowers with a	filing does not qualify for and accurate and that do execute this report if other like over the	the ex ny sided	emptions contained fure shall have the ired by Chapter 60	d in Chapter 119 same legal effec 7. Florida Statute:	Florida Statutes. It as if made under on s; and that my name	further cert bath; that I s e appears in	ify that the i m an office Block 10 c	information r or director or Block 11 if

Joe Novak, Director

04/12/06

<u>321-427-1348</u> Daytime Phone #