2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016351

Entity Name: ABSOLUTE OXYGEN & MEDICAL, INC.

FILED Apr 04, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

140 D N. SPORTSMAN PT.
INVERNESS, FL 34450

140 N. SPORTSMAN PT.
SUITE D
INVERNESS, FL 34453

Current Mailing Address: New Mailing Address:

140 D N. SPORTSMAN PT.
INVERNESS, FL 34450

140 N. SPORTSMAN PT.
SUITE D
INVERNESS, FL 34453

FEI Number: 65-1172991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAQUETTE, WAYNE 9918 E. ST. REGIS CT. INVERNESS, FL 34450 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: PAQUETTE, WAYNE
Address: 9918 E. ST REGIS CT.
City-St-Zip: INVERNESS, FL 34450

Title: T

Name: PAQUETTE, WAYNE
Address: 9918 E ST REGIS CT
City-St-Zip: INVERNESS, FL 34450

Title: S

Name: PAQUETTE, ROBIN
Address: 9918 E ST REGIS CT
City-St-Zip: INVERNESS, FL 34450

I hereby 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 all other like empowered.

SIGNATURE: WAYNE PAQUETTE P 04/04/2012