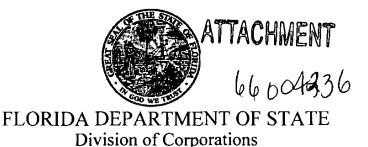
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

2/2

DOCUMENT # P03000058859  1. Entity Name ABSOLUTE DISCOUNT LIQUOR & TOBACCO, INC.					02-20-2	2006 90040 047 ***150.0
Principal Place of Business Mailing Address 7603 SADDLE CREEK TRAIL SARASOTA, FL 34241 SARASOTA, FL 34241			I PREMIÈTI LA PR	r <b>it</b> mu prou <b>like</b> ocas	04236	
	<del></del>					
DO NOT WRITE IN THIS SPACE				01172006  4. FEI Number 51-04706  5. Certificate of	· · · · · · · · · · · · · · · · · · ·	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
	KEVIN IT STREET A, FL 34236	DO NOT WRITE IN THIS SPACE				
8. The above named entity subfirits 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  Signature 1, pad or period name of requisered agent and the 4 approach (MOTE: Registered Agent sometime required when remaining)  OATE						
FILE NOWITE FEE IS \$150.00  After Hay 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees						
10.	OFFICERS AND D	RECTORS		<del>_</del>		
NAME STREET ADDRESS CITY-ST-ZIP	PT SCHALLER, JOHN 7603 SADDLE CREEK TRAIL SARASOTA, FL 34241		<u>.</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SCHALLER, MICHELE 7603 SADDLE CREEK TRAIL SARASOTA, FL 34241					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	IOT WI	RITE
NAME STREET ADDRESS CITY-ST-ZP	,			IN TI	HIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;		•	٠.,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>			3
12. Thereby certify that the information supplied with this filling 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 recipied 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.						
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED MUSE OF SIGNAM OFFICER OR DIRECTOR COMP.						



February 22, 2006

ABSOLUTE DISCOUNT LIQUOR & TOBACCO, INC. 7603 SADDLE CREEK TRAIL SARASOTA, FL 34241

Subject: ABSOLUTE DISCOUNT LIQUOR & TOBACCO, INC.

Reference Number:

P03000058859

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION