2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P03000141654

Entity Name: ABSOLUTE SCREEN SOLUTIONS, INC.

Current Principal Place of Business:

1585 14 STREET
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1585 14 STREET
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 83-0375869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPP, ALAN
1585 14 STREET
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LAPP, ALAN D
Address: 1585 14TH STREET
City-St-Zip: ORANGE CITY, FL 32763

Title: SECR (X) Delete
Name: RICHARDSON, SERENA I
Address: 1585 14TH STREET
City-St-Zip: ORANGE CITY, FL 32763

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MCNEAL, JOHN D
Address: 2050 ST. JOHNS RIVER RD.
City-St-Zip: ASTOR, FL 32102

Title: TREA ( ) Change (X) Addition
Name: FALCON, JOHN
Address: 331 EAST CHURCH STREET; APT. REAR
City-St-Zip: DELAND, FL 32724

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: ALAN LAPP PRES 04/30/2006

Electronic Signature of Signing Officer or Director Date