

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90444 023 ***158.75

DOCUMENT # P04000021195

1. Entity Name
ABSOLUTE CONCRETE INC.



Principal Place of Business Mailing Address

335 LAKESHORE DRIVE **335 LAKESHORE DRIVE**
DAYTONA BEACH, FL 32114 **DAYTONA BEACH, FL 32114**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

400 Tamazona Way **400 Tamazona Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Daytona Beach, FL **Daytona Beach, FL**

Zip Country Zip Country

32114 **32114** **32114** **32114**



02212007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

MILLER, STEVEN W
383 WALNUT STREET
DAYTONA BEACH, FL 32114

4. FEI Number Applied For

20-0662255 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

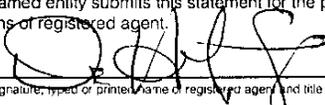
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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:  DATE: **4-26-07**

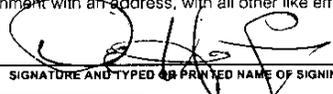
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ABSOLUTE CONCRETE INC. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABSOLUTE CONCRETE INC.	NAME	
STREET ADDRESS	335 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117	CITY-ST-ZIP	
TITLE	Olivia Albright <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olivia Albright	NAME	
STREET ADDRESS	400 Tamazona Way	STREET ADDRESS	
CITY-ST-ZIP	DB, FL 32114	CITY-ST-ZIP	
TITLE	John Albright <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Albright	NAME	
STREET ADDRESS	400 Tamazona Way	STREET ADDRESS	
CITY-ST-ZIP	DB, FL 32114	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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.

SIGNATURE:  Treasurer Date: **4-26-07** Daytime Phone #: **(386) 252-7821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR