## 2005 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P04000073698**

1. Entity Name
**ABSOLUTE FINANCIAL SOLUTIONS, INC.**

**50037996**

03162005    Chg-P     CR2E034 (10/03)

| | Principal Place of Business | Mailing Address |
|---|---|---|
| | 1760 BIG OAK LANE<br>KISSIMMEE, FL 34746 | 1760 BIG OAK LANE<br>KISSIMMEE, FL 34746 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip    Country | Zip    Country |

4. FEI Number    65-1225066    ☐ Applied For   ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

FORTICH, KAREN K
1760 BIG OAK LANE
KISSIMMEE, FL 34746

**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 _____

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 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 D<br>NAME FORTICH, KAREN K<br>STREET ADDRESS 1760 BIG OAK LANE<br>CITY-ST-ZIP KISSIMMEE, FL 34746 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change   ☐ Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _Karen Fortich_    KAREN FORTICH    4-15-05    (407)908-1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #