

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170912

Entity Name: ABSOLUTE HEALTH, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

2697 BELLEWATER PLACE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

2697 BELLEWATER PLACE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-2084624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, MAUREEN A
123 E. FREDRICK AVE.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

SCHWARTZ, MAUREEN A
2697 BELLEWATER PLACE
OVIEDO, FL 32746 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: MAUREEN A SCHWARTZ

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARTZ, MAUREEN A
Address: 2697 BELLEWATER PLACE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MAUREEN A SCHWARTZ

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date