

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170912

Entity Name: ABSOLUTE HEALTH, INC.

FILED  
Apr 09, 2007  
Secretary of State

## Current Principal Place of Business:

2697 BELLEWATER PLACE  
OVIEDO, FL 32765

## New Principal Place of Business:

691 DOUGLAS AVE  
SUITE 105  
ALTAMONTE SPRINGS, FL 32714

## 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  
2697 BELLEWATER PLACE  
OVIEDO, FL 32746 US

## Name and Address of New Registered Agent:

SHAW, 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 SHAW

04/09/2007

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: PD (X) Change ( ) Addition  
Name: SHAW, MAUREEN A  
Address: 2697 BELLEWATER PLACE  
City-St-Zip: OVIEDO, FL 32765

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 SHAW

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date