

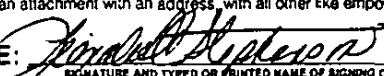
2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-12-2006 90003 033 ***150.00

FID05000030927

SECRETARY OF STATE
DIVISION OF CORPORATION

06 JUN 27 PM 12:01

DOCUMENT # P05000030927					
1. Entity Name ABSOLUTE EDEN, INC.					
Principal Place of Business 8213 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071			Mailing Address 8213 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		
2. Principal Place of Business 8213 W Atlantic Blvd			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coral Springs FL			City & State		
Zip 33071		Country Broward		4. FEI Number 20 240 2696	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROY, DAVID R ESQ. DAVID R. ROY, P.A. 4209 N. FEDERAL HWY POMPANO BEACH, FL 33064				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 6/8/06 (NOTE: Registered Agent signature required when re/issuing)					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			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 NAME STREET ADDRESS CITY-ST-ZIP	PTD STEPHENSON, LIANABEL C 8224 NW 2ND COURT CORAL SPRINGS, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD Stephenson Chris I 8213 W Atlantic Blvd Coral Springs FL 33071	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD STEPHENSON, CHRIS 8224 NW 2ND COURT CORAL SPRINGS, FL 33071	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 the empowered.					
SIGNATURE: 			Date 06/01/06 Daytime Phone 934-755-1967		