2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-12-2006 90003 033 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 27 PM 12:01

05302006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000030927

1. Entity Name
ABSOLUTE EDEN, INC.

Principal Place of Business	Mailing Address
8213 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071	8213 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071

2. Principal Place of Business	3. Mailing Address
8213 W Atlantic Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs Fl	City & State
Zip: 33071 Country: Broward	Zip Country

4. FEI Number: 20 2402696 ☐ Applied For ☐ Not Applicable

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

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 ______ 6/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	VPD 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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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: [signature] 06/08/06 954/755-1967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #