

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080052

FILED  
Feb 28, 2006  
Secretary of State

Entity Name: ABSOLUTE DOCUMENT STORAGE, INC.

## Current Principal Place of Business:

11075 NW 37TH STREET  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

PO BOX 8294  
CORAL SPRINGS, FL 33075 US

## Current Mailing Address:

11075 NW 37TH STREET  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

PO BOX 8294  
CORAL SPRINGS, FL 33075 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCULLY, KARYN  
11075 NW 37TH STREET  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PANTANELLA, THERESA R  
Address: 360 SE 5TH COURT  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete  
Name: SCULLY, KARYN  
Address: 11075 NW 37TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: SCULLY, KARYN  
Address: 11075 NW 37 ST  
City-St-Zip: CORAL SPRINGS, FL 33065

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: KARYN SCULLY

P

02/28/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date