2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P05000080058

Entity Name: ABSOLUTE PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

541 S. ST. RD. 7
12
MARGATE, FL 33068 US

New Principal Place of Business:

541 S. ST. RD. 7
SUITE 12
MARGATE, FL 33068 US

Current Mailing Address:

541 S ST. RD. 7
12
MARGATE, FL 33068 US

New Mailing Address:

541 S. ST. RD. 7
SUITE 12
MARGATE, FL 33068 US

FEI Number: 20-3004721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANFIELD, CAROL-JEAN
541 S ST. RD. 7
12
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

PROGRESSIVE MANAGEMENT ASSOCIATES, INC.
5400 S UNIVERSITY DRIVE
SUITE 101
DAVIE, FL 33328 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: JONATHAN B. LOUIS 01/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: CANFIELD, CAROL-JEAN
Address: 541 S ST RD. 7 # 12
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete
Name: CANFIELD, CAROL-JEAN
Address: 541 S ST RD 7 #12
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CANFIELD, CAROL-JEAN
Address: 541 S ST RD. 7 # 12
City-St-Zip: MARGATE, FL 33068

Title: DTS (X) Change ( ) Addition
Name: LOUIS, JONATHAN
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 101
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN B. LOUIS DTS 01/29/2009
Electronic Signature of Signing Officer or Director Date