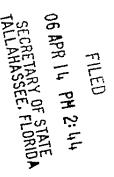
906000028652

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

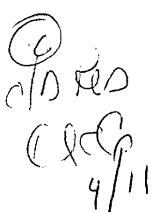
Office Use Only



600067799736



04/12/06--01028--001 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Absolute Home Improvements Inc. (Name of Corporation)
DOCUMENT NUMBER: P0600028652
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark S. Pierce (Name of Person)
Absolute Home Improvements, Inc. (Name of Firm/Company)
4928 Stanley road (Address)
Plant City FL 33565 (City/State and Zip Code)
For further information concerning this matter, please call:
Tammy Caylisle at (813) 653-9650 (Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Mark	<u>S.</u>	Pierc	- <u>e</u> , here	eby resign as_	Vice-T	resider (Title)	<u>士</u>
of_	Absol	ute	Home (Name of C	Im orporation)	prove	ments	Inc.	.,
<u>Po</u>	60000Z	286 mber, if kno	52a	corporation	organized und	der the laws o	of the State of	
F	Torida		·					

(Signature of resigning officer/director

SECRETARY OF STATE

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314