

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022260

Entity Name: ABSOLUTE INSURANCE, INC.

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

200 WATERWAY DR. S.  
APT 109  
LANTANA, FL 33462 PB

## Current Mailing Address:

200 WATERWAY DR. S.  
APT 109  
LANTANA, FL 33462 PB

## New Principal Place of Business:

521 LAKE AVE  
SUITE 11  
LAKE WORTH, FL 33460 PB

## New Mailing Address:

521 LAKE AVE  
SUITE 11  
LAKE WORTH, FL 33460 PB

FEI Number: 68-0644494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAKILA, MIIKA J  
200 WATERWAY DR. S.  
APT 109  
LANTANA, FL 33462 US

## Name and Address of New Registered Agent:

MAKILA, MIIKA J  
521 LAKE AVE  
SUITE 11  
LAKE WORTH, FL 33460 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: MIIKA MAKILA

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAKILA, MIIKA J  
Address: 200 WATERWAY DR. S. APT 109  
City-St-Zip: LANTANA, FL 33462 PB

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAKILA, MIIKA J  
Address: 521 LAKE AVE SUITE 11  
City-St-Zip: LAKE WORTH, FL 33460 PB

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: MIIKA MAKILA

P

01/09/2008

Electronic Signature of Signing Officer or Director

Date