


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # R93000056191</b> 1. Entity Name <b>ABSOLUTEVALUE SYSTEMS, INC.</b>	
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Principal Place of Business <b>715-D NORTH DRIVE MELBOURNE, FL 32934-9244 US</b>	Mailing Address <b>715-D NORTH DRIVE MELBOURNE, FL 32934-9244 US</b>
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03112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3193955</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MATHEWS, MARK S 465 SONDERLING DR INDIALANTIC, FL 32903</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Mark S Mathews* (NOTE: Registered Agent signature required when reinstating) DATE 3/11/04

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEWS, MARK S 465 SONDERLING DR INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHEWS, BRIAN D 626 STURBRIDGE TER SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATHEWS, JO-ELLEN 465 SONDERLING DR INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/04-80055-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark S Mathews* 3/11/04 (321) 259-8737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #