

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90014 024 \*\*\*150.00

DOCUMENT # P93000056191  
 1. Entity Name  
**ABSOLUTEVALUE SYSTEMS, INC.**



Principal Place of Business  
 715-D NORTH DRIVE  
 MELBOURNE FL 32934-9244  
 US

Mailing Address  
 715-D NORTH DRIVE  
 MELBOURNE FL 32934-9244  
 US

40000373



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
**721 North Dr, Suite D**

3. Mailing Address  
**721 North Dr, Suite D**

Suite, Apt. #, etc.

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

Zip  
**32934**

Country  
**USA**

Zip  
**32934**

Country  
**USA**

4. FEI Number  
**59-3193955**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MATHEWS, MARK S**  
**465 SONDERLING DR**  
**INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**465 Sanderling Drive**

City **FL** Zip Code

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* **Mark S. Mathews** **1/19/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MATHEWS, MARK S</b>
STREET ADDRESS	<b>465 SONDERLING DR</b>
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MATHEWS, BRIAN D</b>
STREET ADDRESS	<b>626 STURBRIDGE TER SE</b>
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>MATHEWS, JO-ELLEN</b>
STREET ADDRESS	<b>465 SONDERLING DR</b>
CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>465 Sanderling Drive</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>VST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>465 Sanderling Drive</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jo-ellen J. Mathews* **Jo-Ellen F. Mathews** **1-19-2005** **321-259-0737**

Signature and typed or printed name of signing officer or director Date Daytime Phone #