


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000056191</b> 1. Entity Name <b>ABSOLUTEVALUE SYSTEMS, INC.</b>	
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Principal Place of Business 721 NORTH DR STE D MELBOURNE, FL 32934 US	Mailing Address 721 NORTH DR STE D MELBOURNE, FL 32934 US
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01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

MATHEWS, MARK S  
465 SANDERLING DRIVE  
INDIALANTIC, FL 32903

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MATHEWS, MARK S
STREET ADDRESS	465 SANDERLING DRIVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	VST
NAME	MATHEWS, JO-ELLEN
STREET ADDRESS	465 SANDERLING DRIVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000779677  
01/11/08-80046-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 F. Mathews* / Jo-Ellen F. Mathews 1-9-2008 (321)259-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #