

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000056191

1. Entity Name
ABSOLUTEVALUE SYSTEMS, INC.



Principal Place of Business
721 NORTH DR
STE D
MELBOURNE, FL 32934 US

Mailing Address
721 NORTH DR
STE D
MELBOURNE, FL 32934 US

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



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

MATHEWS, MARK S
465 SANDERLING DRIVE
INDIALANTIC, FL 32903

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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 _____ (NOTE: Registered Agent signature required when restate) 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

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01/11/08-80046-024 150.00

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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 #