

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90033 026 ***158.75

DOCUMENT # P99000005610

1. Entity Name
ABSOLUTE THERAPY, INC.



Principal Place of Business
**50 EAST SAMPLE ROAD
SUITE 303
POMPANO BEACH, FL 33064**

Mailing Address
**P.O. BOX 5208
FT. LAUDERDALE, FL 33310**

60024551



2. Principal Place of Business - No P.O. Box #
50 East Sample Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

City & State

City & State

Pompano Beach, Florida

Zip
33064

Country
Broward

Zip

Country

01182007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0890327

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTELLA, GARY ESQ.
200 EAST LAS OLAS BLVD.
SUITE 1850
FT. LAUDERDALE, FL 33301**

Name

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

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
GUTHRIE, WILLIAM
50 EAST SAMPLE ROAD, SUITE 303
POMPANO BEACH, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Guthrie, President

3/14/07

954-938-3770

Daytime Phone #