2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P99000061246

Entity Name: ABSOLUTE MEDICAL SERVICES CORP.

Current Principal Place of Business:

8409 WEST OAK HWY
SENECA, SC 29678 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 200
TOWNVILLE, SC 29689 US

New Mailing Address:

FEI Number: 65-0939243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIESE, MELISA
10871 SW 26 STREET
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

LOPEZ, AIDA
10871 SW 26 STREET
MIAMI, FL 33165 US

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.

SIGNATURE: AIDA LOPEZ 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WIESE, KEITH E
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: V ( ) Delete
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: S ( ) Delete
Name: WIESE, KEITH E
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: D ( ) Delete
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: T ( ) Delete
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: T ( ) Delete
Name: WIESE, KEITH E
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WIESE, MELISA G
Address: PO BOX 200
City-St-Zip: TOWNVILLE, SC 29689

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH E. WIESE P 04/26/2005
Electronic Signature of Signing Officer or Director Date