2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000074706

ABSOLUTE FINANCE COMPANY, INC.



FILED Mar 09, 2007 08:00 AM **Secretary of State**

Principal Place of Business

4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR

FORT LAUDERDALE, FL 33308

Mailing Address PO BOX 551105

FT LAUDERDALE, FL 33355



01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For

65-0946231

4. FEI Number

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

8.	I. 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)

FILE NOWIN 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

U00000660949 03/20/07-80021-018 150.00

10. OFFICERS AND DIRECTORS D TITLE SCHWARTZ, TODD NAME STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TiffE NAME STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 withjan address, with all other like empayered. 954 47 7088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-07