

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 24, 2009  
Secretary of State**

DOCUMENT# S83811

Entity Name: ABSOLUTE PACKAGING, INC.

**Current Principal Place of Business:**

320 STAN DRIVE  
SUITE A  
MELBOURNE, FL 32904 US

**New Principal Place of Business:**

**Current Mailing Address:**

320 STAN DRIVE  
SUITE A  
MELBOURNE, FL 32904 US

**New Mailing Address:**

FEI Number: 65-0282273      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILT, MEL C PRES.  
885 OAKWOOD DR  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILT, MEL  
Address: 320 STAN DR. SUITE A  
City-St-Zip: MELBOURNE, FL 32904 US

Title: D ( ) Delete  
Name: LANDERS, PATRICIA  
Address: 440 STAN DRIVE  
City-St-Zip: MELBOURNE, FL 32904 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: HOULIHAN, ANGELA  
Address: 440 STAN DRIVE  
City-St-Zip: MELBOURNE, FL 32904 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MEL WILT

D

11/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date