2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P98000064482

Entity Name: ABOVE ALL MANAGEMENT, INC.

Current Principal Place of Business:

9340 SW 9TH TERRACE
OCALA, FL 34476

New Principal Place of Business:

108 N MAGNOLIA AVENUE
SUITE 326
OCALA, FL 34475

Current Mailing Address:

9340 SW 9TH TERRACE
OCALA, FL 34476

New Mailing Address:

108 N MAGNOLIA AVENUE
SUITE 326
OCALA, FL 34475

FEI Number: 59-3576245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMINN, KRISTEN
9340 SW 9TH TERRACE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

MCMINN, KRISTEN
108 N MAGNOLIA AVENUE
SUITE 326
OCALA, FL 34475 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: KRISTEN MCMINN 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCMINN, STEVE
Address: 9340 SW 9TH TERRACE
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: MCMINN, KRISTEN
Address: 9340 SW 9TH TERRACE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCMINN, STEVE
Address: 108 N MAGNOLIA AVENUE, SUITE 326
City-St-Zip: OCALA, FL 34475

Title: D (X) Change ( ) Addition
Name: MCMINN, KRISTEN
Address: 108 N MAGNOLIA AVENUE, SUITE 326
City-St-Zip: OCALA, FL 34475

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: KRISTEN MCMINN D 04/26/2005
Electronic Signature of Signing Officer or Director Date