I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAULETTE GARDNER

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

04/30/2016

Date

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000005755

Entity Name: ABOVE ALL ODDS, INC.

Current Principal Place of Business:

8551 WEST SUNRISE BOULEVARD 203 PLANTATION, FL 33322

Current Mailing Address:

8551 WEST SUNRISE BOULEVARD 203 PLANTATION, FL 33322

FEI Number: 80-0767922

Name and Address of Current Registered Agent:

GARDNER, PAULETTE 8551 WEST SUNRISE BOULEVARD 203 PLANTATION, FL 33322 US

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail ·

Title		P,D	Title	S
Name		GARDNER, PAULETTE A	Name	GARDNER, PAULETTE A
Address		8551 WEST SUNRISE BOULEVARD #203	Address	8551 WEST SUNRISE BOULEVARD #203
City-Stat	te-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

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.

FILED Apr 30, 2016 Secretary of State CC6483060494

Certificate of Status Desired: No

Date