

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004571

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: ABOVE ALL MORTGAGE, INC.

**Current Principal Place of Business:**

7825 WASHINGTON AVE. SOUTH, SUITE 630  
BLOOMINGTON, MN 55439

**New Principal Place of Business:**

**Current Mailing Address:**

7825 WASHINGTON AVE. SOUTH, SUITE 630  
BLOOMINGTON, MN 55439

**New Mailing Address:**

FEI Number: 20-2096962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: SAUNDERS, KEVEN  
Address: 7825 WASHINGTON AVE. SOUTH, SUITE 630  
City-St-Zip: BLOOMINGTON, MN 55439

Title: V ( ) Delete  
Name: SCHWAB, MICHAEL  
Address: 7825 WASHINGTON AVE. SOUTH, SUITE 630  
City-St-Zip: BLOOMINGTON, MN 55439

Title: DS ( ) Delete  
Name: MOY, TONY  
Address: 7825 WASHINGTON AVE. SOUTH, SUITE 630  
City-St-Zip: BLOOMINGTON, MN 55439

Title: TD ( ) Delete  
Name: BANNICK, NATHAN  
Address: 7825 WASHINGTON AVE. SOUTH, SUITE 630  
City-St-Zip: BLOOMINGTON, MN 55439

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NATHAN BANNICK

TD

02/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date