

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000075556

FILED
Mar 16, 2006
Secretary of State**Entity Name:** ABOVE IT ALL SERVICES, LLC**Current Principal Place of Business:**198 FARBROOK RD.
PORT ORANGE, FL 32127**New Principal Place of Business:****Current Mailing Address:**198 FARBROOK RD.
PORT ORANGE, FL 32127**New Mailing Address:****FEI Number:** 20-1908324**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FORMAN, JOEL
198 FARBROOK RD.
PORT ORANGE, FL 32127 US**Name and Address of New Registered Agent:**FORMAN, JOEL P
198 FARBROOK RD.
PORT ORANGE, FL 32127 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: JOEL FORMAN

03/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: P () Delete
Name: MALAHOO, ANDREW
Address: 4862 WILLOW RUN W
City-St-Zip: ORLANDO, FL 32808Title: MGR (X) Delete
Name: FORMAN, JOEL
Address: 198 FARBROOK RD.
City-St-Zip: PORT ORANGE, FL 32127Title: D (X) Delete
Name: KEY, SARAH
Address: P.O BOX 901383
City-St-Zip: HOMESTEAD, FL 33090Title: D (X) Delete
Name: PINE, TINA
Address: 955 NE 36TH AVE
City-St-Zip: HOMESTEAD, FL 33033Title: MGR (X) Delete
Name: BURNS, GEORGE
Address: P.O BOX 343030
City-St-Zip: FLORIDA CITY, FL 33034**ADDITIONS/CHANGES:**Title: P (X) Change () Addition
Name: FORMAN, JOEL
Address: 198 FARBROOK RD
City-St-Zip: PORT ORANGE, FL 32127Title: () 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOEL FORMAN

MR

03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date