2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42904

City-St-Zip:

ANDERSON, IN 46013

FILED Apr 15, 2009 Secretary of State

Entity Name: ABOVE AND BEYOND TRAVEL, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12533 ULN LARGO, F	MERTON RD L 33774 US		2620 WEST BAY DRIV LARGO, FL 33770		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
12533 ULN LARGO, F	MERTON RD L 33774 US		2620 WEST BAY DRIV LARGO, FL 33770	/E US	
FEI Number	: 59-2981904	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SCHWAB, DEBORAH J. 12533 ULMERTON ROAD LARGO, FL 33774 US			2620 WEST BAY DRIV	SCHWAB, DEBORAH J 2620 WEST BAY DRIVE LARGO, FL 33770 US	
The above in the State	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DEBORAH J SCHWAB				04/15/2009	
	Electroni	c Signature of Registered Age	nt	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () SCHWAB, DEBO 14804 SUNSET LARGO, FL 337	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SCHWAB, RANE 14804 SUNSET LARGO, FL 337	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () HUFFMAN, WILI 730 STONER DE		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: DEBORAH J SCHWAB **PRES** 04/15/2009