

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 16, 2012  
Secretary of State**

DOCUMENT# N04000002433

Entity Name: ABOVE ALL NAMES, INC.

**Current Principal Place of Business:**

14843 68 ST NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

14843 68 ST NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-0887616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COOPER, RUTH  
14843 68 ST NORTH  
LOXAHATCHEE, FL 33470      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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: COOPER, RUTH  
Address: 14843 68 ST NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DV  
Name: COOPER, BARRY  
Address: 14843 68 ST N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DST  
Name: WIGGINS, STEPHANNIE  
Address: 503 VISION COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: RUTH COOPER

PRES

08/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date