

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005952

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: ABOVE & BEYOND COMMUNICATIONS, INC.

**Current Principal Place of Business:**

6537 VENETIAN DR  
LAKE WORTH, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

6537 VENETIAN DR  
LAKE WORTH, FL 33462

**New Mailing Address:**

FEI Number: 74-3030683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POFF, STEVEN  
6537 VENETIAN DR  
LAKE WORTH, FL 33462 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: DP ( ) Delete  
Name: POFF, PATRICIA  
Address: 6537 VENETIAN DR  
City-St-Zip: LAKE WORTH, FL 33462

Title: DST ( ) Delete  
Name: POFF, STEVEN  
Address: 6537 VENETIAN DR  
City-St-Zip: LAKE WORTH, FL 33462

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

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 Section 119.07(3)(i), 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: STEVEN POFF

DST

01/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date