2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000107239

FILED Jul 10, 2005 Secretary of State

Entity Name: ABOVE & BEYOND PROCESS INVESTIGATIONS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RRON DRIVE), FL 32829	Ξ			
Current Mailing Address:			New Mailing Addres	ss:	
	RRON DRIVE), FL 32829	≣			
FEI Number:	06-1651620	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
GODFREY 3367 CIMA ORLANDC	,	US			
	named entity e of Florida.	submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE: GODFRE	EY, MARIE			
	Electro	nic Signature of Registered Ager	t	Date	
		93(2)(b), F.S., the corporation did not	receive the prior notice.		
Election Campaign Financing Trust Fund Contribution(). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GAGLIANI, LAI 3367 CIMARRI ORLANDO, FL	ON DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X EDWARDS, RO 3367 CIMARRO ORLANDO, FL	ON DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (GODFREY, M/ 3367 CIMARR ORLANDO, FL	ON DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	T (X EDWARDS, TF 3367 CIMARR ORLANDO, FL	ON DRIVE	Title: Name: Address: City-St-Zip:	() Change() Addition	

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: GAGLIANI, LAURENCE P. PD 07/10/2005