

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107239

FILED
Feb 27, 2007
Secretary of State

Entity Name: ABOVE & BEYOND PROCESS SERVICES, INC.

Current Principal Place of Business:

3367 CIMARRON DRIVE
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

3367 CIMARRON DRIVE
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 06-1651620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GODFREY, MARIE
3367 CIMARON DR
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

GAGLIANI, LAURENCE P PD
3367 CIMARON DR
ORLANDO, FL 32829 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: LAURENCE P. GAGLIANI

02/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAGLIANI, LAURENCE P
Address: 3367 CIMARRON DRIVE
City-St-Zip: ORLANDO, FL 32829

Title: S () Delete
Name: GODFREY, MARIE T
Address: 3367 CIMARRON DRIVE
City-St-Zip: ORLANDO, FL 32829

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 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.

SIGNATURE: LAURENCE P. GAGLIANI

PD

02/27/2007

Electronic Signature of Signing Officer or Director

Date