## 2008 FOR PROFIT CORPORATION

## May 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P03000119616** ABOVE AND BEYOND QUALITY IMPROVEMENTS, INC. Principal Place of Business Mailing Address 3531 MONUMENT DR 3531 MONUMENT DR DELTONA, FL 32738 **DELTONA FL 32738** No Chg-P CR2E034 (11/05) 03242008 DO NOT WRITE IN THIS SPACE Applied For FEI Number 11-3706847 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NORTHRUP, JEREMY M DO NOT WRITE 3531 MONUMENT DR DELTONA, FL 32738 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent aignature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150,00 After May 1, 2008 Fee will be \$550.00 U00000938793 Trust Fund Contribution. Added to Fees 05/28/08-80001-009 150.00 OFFICERS AND DIRECTORS 10. TITLE NORTHRUP, JEREMY M NAME 3531 MONUMENT DR STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32738 TITLE STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY -SY-792 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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NAME STREET ANDRESS CITY-ST-ZIP

BIGHATURE AND TYPED OR PRINTED NAME OF SIGN

G OFFICER OR DIRECTOR

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