2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000018254

Entity Name: C.C.H. PRESENTS ONE STEP BEYOND, INC.

FILED Sep 27, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	
	AVE SOUTH VILLE, FL 32250		
Current M	lailing Address:	New Mailing Address:	
	AVE SOUTH VILLE, FL 32250		
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	Address of Current Registered Agent	: Name and Address o	f New Registered Agent:
1100 2ND	CHENNELL AVE SOUTH VILLE, FL 32250 US		
	named entity submits this statement for t e of Florida.	he purpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE: CHENNELL HEARD		
	Electronic Signature of Registered	Agent	Date
	ce with s. 607.193(2)(b), F.S., the corporation d	id not receive the prior notice.	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P/D () Delete HEARD, CHENNELL 1100 2ND AVE SOUTH JACKSONVILLE, FL 32250	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VP/D () Delete BARNWELL, SEAN 504 DARBY GLEN LANE DURHAM, NC 27713	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete HEARD, SHELIA 1100 2ND AVE SOUTH JACKSONVILLE, FL 32250	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete HAYNES, CAROLYN 1134 9TH STREET SOUTH JACKSONVILLE BEACH, FL 32250	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: CHENNELL HEARD OWNE 09/27/2007