2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036775

Entity Name: ABOVE REPROACH SERVICES, INC

FILED Jan 19, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1305 LAKEVIEW DRIVE1015 STANFORD TERRACEINVERNESS, FL 34450INVERNESS, FL 34450

Current Mailing Address: New Mailing Address:

1305 LAKEVIEW DRIVE 1015 STANFORD TERRACE INVERNESS, FL 34450 INVERNESS, FL 34450

FEI Number: 65-1243771 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:

VONDERHAAR, SHARON
1305 LAKEVIEW DRIVE
INVERNESS, FL 34450 US

VONDERHAAR, SHARON
1015 STANFORD TERRACE
INVERNESS, FL 34450 US
INVERNESS, FL 34450 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: SHARON VONDERHAAR 01/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

PST () Delete Title: PST (X) Change () Addition VONDERHAAR, SHARON Name: VONDERHAAR, SHARON 1305 LAKEVIEW DRIVE Address: 1015 STANFORD TERRACE

Address: 1305 LAKEVIEW DRIVE Address: 1015 STANFORD TERRACE
City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

Title: () Delete Title: (X) Change () Addition VONDERHAAR, JOHN VONDERHAAR, JOHN Name: Name: 1305 LAKEVIEW DRIVE Address: 1015 STANFORD TERRACE Address: INVERNESS, FL 34450 INVERNESS, FL 34450 City-St-Zip: 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: SHARON VONDERHAAR P 01/19/2006