
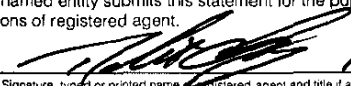
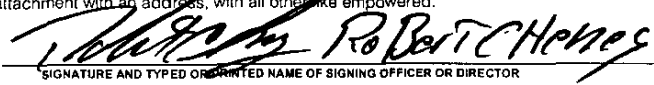


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90232 027 \*\*\*150.00

<b>DOCUMENT # P05000097635</b> 1. Entity Name <b>A GRADE ABOVE INC.</b>			
Principal Place of Business <b>6515 SHAHAB LN. PORT ORANGE, FL 32128</b>		Mailing Address <b>6515 SHAHAB LN. PORT ORANGE, FL 32128</b>	
2. Principal Place of Business - No P.O. Box # <b>6190 Quail Ridge Dr.</b>		3. Mailing Address <b>6190 Quail Ridge Dr.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Port Orange, FL</b>		City & State <b>Port Orange, FL</b>	
Zip <b>32128</b>		Zip <b>32128</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>	
4. FEI Number <b>20-3092428</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHENEY, ROBERT 6515 SHAHAB LN. PORT ORANGE, FL 32128</b>		7. Name and Address of New Registered Agent Name <b>Cheney Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>6190 Quail Ridge Drive</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32128</b>	
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  <b>ROBERT CHENEY PRES</b> <b>4-3-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete <b>CHENEY, ROBERT 6515 SHAHAB LN. PORT ORANGE, FL 32128</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Cheney, Robert 6190 Quail Ridge Dr. Port Orange, FL 32128</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <b>ROBERT CHENEY</b>		Date <b>4-3-07</b> Daytime Phone # <b>386 760-4147</b>	