2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029935

Entity Name: A BRUSH ABOVE, INC.

FILED Sep 11, 2009 Secretary of State

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

1380 SE BAYHARBOR STREET 132 NW PLEASANT GROVE WAY PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

132 NW PLEASANT GROVE WAY P.O. BOX 7711 PORT ST. LUCIE, FL 34985 PORT ST. LUCIE, FL 34986

FEI Number: 06-1781964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SORVILLO, KEITH A SORVILLO, KEITH A 1380 SE BÁYHARBOR ST 132 NW PLEASANT GROVE WAY PORT ST. LUCIE, FL 34983 US PORT ST. LUCIE, FL 34986

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: KEITH A SORVILLO 09/11/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition

SORVILLO, KEITH A SORVILLO, KEITH A Name: Name:

1380 SE BAYHARBOR STREET Address: 132 NW PLEASANT GROVE WAY Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VΡ Title: () Delete () Change () Addition

Name: BERNINI, THOMAS E Name: 5903 BALSAM DR. Address: Address: FT. PIERCE, FL 34982 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: TRES () Delete TRES

PECHO, TRACY A Name: PECHO, TRACY A Name:

1380 SE BAYHARBOR STREET 132 NW PLEASANT GROVE WAY Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PORT ST. LUCIE, FL 34986

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: KEITH A SORVILLO **PRES** 09/11/2009