2007 FOR PROFIT CORPORATION

Feb 08, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P06000139653** 02-08-2007 90044 032 ***150.00 1. Entity Name ABOVE AND BEYOND INTERIORS, INC. Principal Place of Business Mailing Address 39049 PARK DRIVE 39049 PARK DRIVE ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 19036 BREWER RD. 19036 BREWER RD. Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E034 (12/06) FLLAND O LAKES LAND O LAKES City & State City & State 4. FEI Number Applied For 06-1799495 Not Applicable Country \$8.75 Additional 34638 USA USA 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAPIER DEW. PAMELA J Street Address (P.O. Box Number is Not Acceptable) 39049 PARK DRIVE ZEPHYRHILLS, FL 33542 19036 BREWER AND O LAKES 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. \Box SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, UP, SEC, TRES & Change Russell L Napier IIII 19036 BREWER RD LAND O LAKES Fl. 34638 TITLE ☐ Delete TITLE NAPIER, RUSS L III MAME NAME STREET ADDRESS 19036 BREWER ROAD STREET ADDRESS CITY-ST-ZIP LAND O' LAKES, FL 34638 CITY-ST-7/P VP TITLE Delete TITLE Change ■ Addition MOSELEY, RON W NAME NAME STREET ADDRESS 39049 PARK DRIVE STREET ADDRESS ZEPHYRHILLS, FL 33542 C-TY-ST-ZIP CITY-ST-ZIP TITLE Delete TIRE ☐ Change ☐ Addition NAME DEW, PAMELA J NAME STREET ADDRESS 39049 PARK DRIVE STREET ADDRESS ZEPHYRHILLS, FL 33542 CiTY-ST-7P CITY-ST-ZIP Delete TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change VA'UE NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP 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 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:

FILED