## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000099196

FILED Feb 27, 2009 Secretary of State

Entity Na	me: ABOVE	AND BEYOND ACADEMY, IN	C.			
Current Principal Place of Business:			New Prince	cipal Place of Business:		
	5TH STREET TON, FL 334					
Current Mailing Address:			New Maili	New Mailing Address:		
	RDLEY DRIVE TON, FL 334					
FEI Number	: 26-3725434	FEI Number Applied For ( )	FEI Number Not App	olicable ( ) Certificate of Status Desired ( )		
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
	, HAROLD RDELY DRIVE TON, FL 334					
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electro	nic Signature of Registered A	gent	Date		
Election Ca	mpaign Financii	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	KELLEN, SIM 7572 COURT BOCA RATON VP ( KELLEN, MIC	(ARD RUN EAST I, FL 33433 ) Delete HAEL (ARD RUN EAST	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition FORMAN, FIONA 12630 YARDLEY DRIVE BOCA RATON, FL 33428 ( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	CFO ( ) Change (X) Addition KELLEN, SIMEON T 7572 COURTYARD RUN EAST BOCA RATON, FL 33433		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition FORMAN, HAROLD 12630 YARDLEY DRIVE BOCA RATON, FL 33428		

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: HAROLD FORMAN 02/27/2009 D