## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000003482

City-St-Zip:

PALM BAY, FL 32905

Entity Name: ABOVE AND BEYOND TRAVEL AGENCY, INC.

FILED Jan 17, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 165 HWY 64 WEST SUITE 2 HAYESVILLE, NC 28904 **New Mailing Address: Current Mailing Address:** P.O. BOX 757 34 TOWNHILL DRIVE ROSSVILLE, GA 30741 US EUSTIS, FL 32726 US FEI Number: 59-3150176 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: CASCA, DIANE N CASCA, DIANE N 2917 S. ATLANTIC AVENUE 34 TOWNHILL DRIVE 201 EUSTIS, FL 32726 DAYTONA BEACH SHORES, FL 32118 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: 01/17/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CASCA, DIANE N CASCA, DIANE N Name: Name: 34 TOWNHILL DRIVE 2917 S. ATLANTIC AVE., UNIT 201 Address: Address: City-St-Zip: DAYTONA BEACH SHORES, FL 32118 US City-St-Zip: EUSTIS, FL 32726 US Title: Title: () Change () Addition () Delete Name: BROWN, COLLETTE P Name: 2917 S. ATLANTIC AVE., UNIT 803 Address: Address: DAYTONA BEACH SHORES, FL 32118 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MILLER, KAREN Name: Name: 4040 NE DIXIE HWY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: DIANE CASCA S 01/17/2005