


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90021 003 \*\*\*150.00

**DOCUMENT # P94000004886**

1. Entity Name  
**A TOUCH ABOVE, INC.**



Principal Place of Business: **14060 LAKE PRICE DRIVE ORLANDO FL 32826**

Mailing Address: **14060 LAKE PRICE DRIVE ORLANDO FL 32826**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State  
 Zip Country

4. FEI Number **59-3223006** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHTRD  
 343 ALMERIA AVE  
 CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, AARON E</b>	
STREET ADDRESS	<b>14060 LAKE PRICE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	
TITLE	<b>S V.P</b>	<input type="checkbox"/> Delete
NAME	<b>ROY, LAURENCIA M</b>	
STREET ADDRESS	<b>14060 LAKE PRICE DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>Ronald S. Hansen-Moffett</b>	
STREET ADDRESS	<b>14060 Lake Price Dr.</b>	
CITY-ST-ZIP	<b>Orlando, FL 32826</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Laurencia M Roy V.P.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-08 407-382-9255**