


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000099821
 1. Entity Name
 A STEP ABOVE SIGNS, INC.



Principal Place of Business: 25 SE OLIVE CIRCLE, OCALA, FL 34472
 Mailing Address: PO BOX 2461, BELLEVIEW, FL 34421-2461



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3479173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUNHAM, LINDA
 12907 SE 30TH CT
 BELLEVIEW, FL 34420

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAZOUL, HALA 25 SE OLIVE CIRCLE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HADDAD, SAMER 25 SE OLIVE CIRCLE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HADDAD, RAMI 25 SE OLIVE CIRCLE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/17/06-80119-025 150.00

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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: Rami Haddad RAMI HADDAD Date: 5.1.06 Daytime Phone #: 352-347-9336