

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N08000006048

Entity Name: TRY YOUR BEST, INC.

Current Principal Place of Business:

16780 S.W. 62ND STREET
SOUTHWEST RANCHES, FL 33331

New Principal Place of Business:

Current Mailing Address:

16780 S.W. 62ND STREET
SOUTHWEST RANCHES, FL 33331

New Mailing Address:

FEI Number: 26-2990275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWY, ALLEN
16780 S.W. 62ND STREET
SOUTHWEST RANCHES, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOWY, ALLEN
Address: 16780 S.W. 62ND STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: T () Delete
Name: LOWY, KIMBERLY
Address: 16780 S.W. 62ND STREET
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: S () Delete
Name: HAMMOCK, HARVIN
Address: 17850 S.W. 70TH PLACE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN LOWY

P

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date