

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019283

Entity Name: "B"ING THE BEST, INC.

FILED  
Feb 18, 2010  
Secretary of State

**Current Principal Place of Business:**

1351 S. KILLIAN DR., SUITE 1  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

1351 S. KILLIAN DR., SUITE 1  
LAKE PARK, FL 33403

**New Mailing Address:**

FEI Number: 52-2295834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADE, CARLTON A.R.  
1066 BREAKERS WEST BLVD  
WEST PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WADE, CARLTON A.R.  
Address: 1066 BREAKERS WEST BLVD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: V  
Name: WADE, LISSETTE  
Address: 1066 BREAKERS WEST BLVD  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: CARLTON AR WADE

P

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date