

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012835

Entity Name: BEST HEALTH, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

3163 KENNEDY BLVD.
JERSEY CITY, NJ 07306

New Principal Place of Business:

Current Mailing Address:

3163 KENNEDY BLVD.
JERSEY CITY, NJ 07306

New Mailing Address:

FEI Number: 36-4488591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECFO CORPORATION
655 W FULTON ST., STE. 2
SANFORD, FL 32771 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 () Delete
Name: GILBERT, ROBERT
Address: 3163 KENNEDY BLVD.
City-St-Zip: JERSEY CITY, NJ 07306

Title: S () Delete
Name: HOGAN, MAUREEN
Address: 6830 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ROBERT GILBERT

PRES

04/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date