2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019543

Entity Name: GA BEST INSURANCE AND FINANCIAL SERVICES, INC.

FILED Jul 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

256 REINETTE DR 2760 N. ORANGE BLOSSOM TRAIL MIAMI, FL 33166

STE 4

KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

4701 HURON BAY CIR 536 BARCELONA DR KISSIMMEE, FL 34759 POINCIANA, FL 34759

FEI Number: 65-0825956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARZON, MARIO GARZON, MARIO 419 WEST VINE STREET 2760 N. ORANGE BLOSSOM TRAIL STE A STE 4 KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US

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: MARIO GARZON 07/21/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

GARZON, MARIO GARZON, MARIO Name: Name: 536 BARCELONA DR 4701 HURON BAY CIR Address: Address: City-St-Zip: POINCIANA, FL 34759 City-St-Zip: KISSIMMEE, FL 34759

() Delete Title: VΡ Title: VΡ (X) Change () Addition

Name: GARZON, CLARA Name: GARZON, CLARA 536 BARCELONA DR Address: 4701 HURON BAY CIR Address: POINCIANA, FL 34759 KISSIMMEE, FL 34759 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Ρ SIGNATURE: MARIO GARZON 07/21/2006