


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 194227 1. Entity Name BEST INSURORS, INC.	
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Principal Place of Business 4211 W BOY SCOUT BLVD SUITE 1000 TAMPA, FL 33607	Mailing Address 4211 W BOY SCOUT BLVD TAX DEPT SUITE 1000 TAMPA, FL 33607
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0787507	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 CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATRICK, VICTOR P 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEARDEN, MILES C III 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAUTHEN, CHARLES E 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT EISCH, CYNTHIA B 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OHRT, WILLIAM F 4211 W BOY SCOUT BLVD TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLZ, JOHN P 4211 W BOY SCOUT BLVD TAMPA, FL 33607

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02/10/06-80013-010 150.00

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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: BY Cynthia B. Eisch **Assistant Treasurer 02/15/2006 813-871-4066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Cynthia B. Eisch