


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000002863
1. Entity Name
BEST BRANDS CORP.



Principal Place of Business
1765 YANKEE DOODLE RD
SAINT PAUL, MN 55121

Mailing Address
1765 YANKEE DOODLE RD
SAINT PAUL, MN 55121

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
31-1708815

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULTZ, MICHAEL 1765 YANKEE DOODLE RD EAGON, MN 55121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUMPHREY, G. SCOTT 445 HUTCHINSON AVENUE, SUITE 800 COLUMBUS, OH 43235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUNENSHINE, HARRY S 445 HUTCHINSON AVENUE, SUITE 800 COLUMBUS, OH 43235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCIIO, PAUL H 20600 CHAGRIN BLVD., SUITE 1150 CLEVELAND, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKAS, ROBERT P 20600 CHAGRIN BLVD., SUITE 1150 CLEVELAND, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, JAMES M 20 PUBLIC SQUARE, SUITE 2300 CLEVELAND, OH 44114

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07/15/04-80008-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Schultz **MICHAEL SCHULTZ** 7/6/04 651 405 3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #