2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002863

Entity Name: BEST BRANDS CORP.

FILED Jun 21, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1765 YANKEE DOODLE RD SAINT PAUL, MN 55121				111 CHESHIRE LANE MINNETONKA, MN 55305			
Current Mailing Address:				New Mailing Address:			
1765 YANKEE DOODLE RD SAINT PAUL, MN 55121				111 CHESHIRE LANE MINNETONKA, MN 55305			
FEI Number:	31-1708815	FEI Number Applied For ()	FEI Nur	mber Not Appl	icable ()	Certificate of Status	Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registered Ag	jent:
1200 SOUT PLANTATION			urpose c	of changing i	ts registered o	office or registered a	igent, or both,
SIGNATUR							
		c Signature of Registered Age	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	VP () SCHULTZ, MICH 1765 YANKEE D EAGON, MN 55	OODLE RD		Title: Name: Address: City-St-Zip:	HUMPHREY, G	SON AVENUE, SUITE 80	0
Title: Name: Address: City-St-Zip:	HUMPHREY, G.	ON AVENUE, SUITE 800		Title: Name: Address: City-St-Zip:	SUNENSHINE,	SON AVENUE, SUITE 80	0
Title: Name: Address: City-St-Zip:	SUNENSHINE, F	ON AVENUE, SUITE 800		Title: Name: Address: City-St-Zip:	VPD (X SCHULTZ, MIC 111 CHESHIRI MINNETONKA,	E LANE	
Title: Name: Address: City-St-Zip:	CASCIO, PAUL I	I BLVD., SUITE 1150		Title: Name: Address: City-St-Zip:	CASCIO, PAUL	RISE PKWY, STE 350	
Title: Name: Address: City-St-Zip:	PINKAS, ROBER	I BLVD., SUITE 1150		Title: Name: Address: City-St-Zip:	SMITH, DOUG	SON AVENUE, SUITE 80	0
Title: Name: Address: City-St-Zip:	HILL, JAMES M	Delete ARE, SUITE 2300 H 44114		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: JODY ANDERSON VP 06/21/2006