## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000002863

Entity Name: BEST BRANDS CORP.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
111 CHESHIRE LANE				111 CHESHIRE LANE			
MINNETONKA, MN 55305				100 MINNETONKA, MN 55305			
Current Mailing Address:				New Mailing Address:			
111 CHESHIRE LANE MINNETONKA, MN 55305				111 CHESHIRE LANE 100 MINNETONKA, MN 55305			
FEI Number: 31-1708815 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:							
		Signature of Registered Agent				Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	HUMPHREY, G.	N AVENUE, SUITE 800		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SUNENSHINE, H.	N AVENUE, SUITE 800		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () E SCHULTZ, MICH. 111 CHESHIRE L MINNETONKA, M	ANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ANDERSON, JOI	ANE, SUITE 100		Title: Name: Address: City-St-Zip:		(X) Change () Addition R, GEORGE IRE LANE, SUITE 100 (A, MN 55305	
Title: Name: Address: City-St-Zip:	SMITH, DOUGLA	N AVENUE, SUITE 800		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HILL, JAMES M	Delete ARE, SUITE 2300 I 44114		Title: Name: Address: City-St-Zip:		() Change () Addition	
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: GEORGE MASTELLER VP
Electronic Signature of Signing Officer or Director

03/25/2009 Date