


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000006208	
1. Entity Name ONLY THE BEST, INC.	

Principal Place of Business 99-969 IWAENA ST. AIEA, HI 96701	Mailing Address 99-969 IWAENA ST. AIEA, HI 96701
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03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 99-0267118	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISHER, MICHAEL W ONE INDEPENDENT DR., STE 2600 JACKSONVILLE, FL 32202

**DO NOT WRITE
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 _____ 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
After May 1, 2006 Fee will be \$550.00

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

000000491605
04/19/06-80031-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLANDER, MARK R 5687 KALANIANA'OLE HWY HONOLULU, HI 96821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTSON, RONALD C 1674 OHAWAII PLACE HONOLULU, HI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAU, LORRAINE 99-155 OHEKANI LP AIEA, HI 96701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEIGER, JAMES 2067 LAUKAHI PL HONOLULU, HI 96821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KAGAWA, ANDREW 81-KAWANANAKOA PL HONOLULU, HI 96817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANIGUCHI, TODD G 104 HANOHANO PL HONOLULU, HI 96825

**DO NOT WRITE
IN THIS SPACE**

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:  Andrew Kagawa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

808 487-9919

Date

Daytime Phone #