

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004910

Entity Name: COMBEST GEORGIA, INC.

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

1856 CORPORATE DRIVE, STE. 170
NORCROSS, GA 30093

New Principal Place of Business:

Current Mailing Address:

1856 CORPORATE DRIVE, STE. 170
NORCROSS, GA 30093

New Mailing Address:

FEI Number: 58-2130185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PUSBACH, RICHARD
Address: 792 W. RIDGEWAY ROAD
City-St-Zip: MAYSVILLE, GA 30558

Title: DVP () Delete
Name: NELSON, TODD
Address: 1082 ROSEDALE DRIVE
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: PUSBACH, RICHARD
Address: 792 W. RIDGEWAY ROAD
City-St-Zip: MAYSVILLE, GA 30558

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG ISAACS

VP

02/20/2007

Electronic Signature of Signing Officer or Director

Date