2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # F0400001038 BEST FINANCE, INC. Principal Place of Business Mailing Address 310 T. ELMER COX DRIVE 310 T. ELMER COX DRIVE GREENEVILLE, TN 37745 GREENEVILLE, TN 37745 No Chg-P CR2E034 (10/03) 04252005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1077746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JACKSON, MICHAEL NAME 310 T. ELMER COX DRIVE STREET ADDRESS CITY-ST-ZIP GREENEVILLE, TN 37745 U00000350136 05/02/05-80094-002 150.00 TITLE BENNETT, DONALD C JR NAME 310 T. ELMER COX DRIVE STREET ADDRESS GREENEVILLE, TN 37745 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IMLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

TITLE NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05 /723) 798 - 6478 Date Dayline Phono if

FILED