2006 FOR PROFIT CORPORATION

Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # F04000001038** 04-03-2006 90410 030 ***150.00 1. Entity Name BEST FINANCE, INC. Principal Place of Business Mailing Address 50008571 310 T. ELMER COX DRIVE 310 T. ELMER COX DRIVE GREENEVILLE, TN 37745 GREENEVILLE, TN 37745 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 86-1077746 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition JACKSON, MICHAEL NAME NAME STREET ADDRESS 310 T. ELMER COX DRIVE STREET ADDRESS GREENEVILLE, TN 37748 3 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition BENNETT, DONALD C JR NAME NAME STREET ADDRESS 310 T. ELMER COX DRIVE STREET ADDRESS CITY \$1-ZIP GREENEVILLE, TN 37745/3 CITY-ST-ZIP nothern Widuta Delete ☐ Change Addition NAME NAME 20T. Elmer lox Drive Greenwille, TN 3743 STREET ADDRESS STREET ADDRESS CHY-S1-ZP CITY-S1-ZIP IIILE ☐ Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILL ☐ Delete IIIF ☐ Change ☐ Addition

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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED

☐ Change

Addition