2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001038

310 T. ELMER COX DR

EDMISTEN, JASON

CFO

GREENEVILLE, TN 37743

310 T. ELMER COX DRIVE

GREENEVILLE, TN 37743

(X) Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Mar 14, 2008 Secretary of State

Entity Name: BEST FINANCE, INC. **Current Principal Place of Business: New Principal Place of Business:** 310 T. ELMER COX DRIVE GREENEVILLE, TN 37743 **Current Mailing Address: New Mailing Address:** 310 T. ELMER COX DRIVE GREENEVILLE, TN 37743 FEI Number: 86-1077746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CFO (X) Change () Addition JACKSON, MICHAEL JACKSON, MICHAEL Name: Name: 310 T. ELMER COX DRIVE 310 T. ELMER COX DRIVE Address: Address: City-St-Zip: GREENEVILLE, TN 37743 City-St-Zip: GREENEVILLE, TN 37743 Title: Title: PRES () Delete (X) Change () Addition KEITH, ROY Name: Name: LETTS, MICHAEL 310 T. ELMER COX DRIVE 310 T. ELMER COX DRIVE Address: Address: GREENEVILLE, TN 37743 City-St-Zip: GREENEVILLE, TN 37743 City-St-Zip: () Delete Title: Title: VΡ (X) Change () Addition WIDUTA, MATTHEW WIDUTA, MATTHEW Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

310 T. FLMER COX DR

GREENEVILLE, TN 37743

() Change () Addition

VΡ SIGNATURE: MATTHEW WIDUA 03/14/2008