

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000001619</b>			
1. Entity Name <b>BEST FRANCHISING, INC.</b>			
Principal Place of Business <b>13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329</b>	Mailing Address <b>13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>58-2373272</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000399973 02/01/06-80034-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO LEVEN, MICHAEL A 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF DAYMAN, MARK 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS FLORA, ROY 13 CORPORATE SQUARE, STE. 250 ATLANTA, GA 30329		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVEN, MIKE 13 CORPORATE SQ SUITE 250 ATLANTA, GA 30329		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROGA, DOUGLAS 71 S WACKER, HYATT CENTER CHICAGO, IL 60606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>MARK DAYMAN</b> 4/23/06		Daytime Phone # _____	