


For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # 138881 1. Entity Name Best Insurance Coverage Inc. 3041 Davis Blvd Naples FL 34104 239 (941) 793-3378				FILED 11 JUN -2 PM 3:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
DO NOT WRITE IN THIS SPACE																	
2. Principal Place of Business - No P.O. Box # 3041 DAVIS BLVD		3. Mailing Address Suite, Apt. #, etc.		CR2E034B (1/11)													
City & State Naples FL		City & State Same		4. FSN Number 59-2490743													
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required													
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent													
				Name DAVID LYNCH													
				Street Address (P.O. Box Number is Not Acceptable) 224 Commercial Blvd 310													
				City Ft Lauderdale													
				FL Zip Code 33308													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-initiating) DATE</small>																	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Trust Fund Contribution. Added to Fees		E-mail Address: E-mail address to be used for future annual report notices.													
10. OFFICERS AND DIRECTORS																	
<table><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>President GARY EISSMAN 6061 SPANISH WALK Naples, FL 34109</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GARY EISSMAN 6061 SPANISH WALK Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.																	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gary Eissman DATE 05/06/11-01037-015 **150.00 Daytime Phone # 239 793-2310																	