2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 08:00 AM

| DOCUMENT # H79082 1. Entity Name BEST F. BET, INC. | | | | Secretary of Star |
|---|---|-------------------|-----------------------------------|--|
| 6485 US HWY 1 SOUTH | Aailing Address 6485 US HWY 1 SOUTH ROCKLEDGE, FL 32955 | | | HE NEBUR 1870 BELIAL LANGA WAN KISU KIBU BIRU BIRU KISU KISU KISU KISU KISU KISU |
| DO NOT WRITE I | | CE | 04302007 4. FEI Numb 59-258 | |
| 6. Name and Address of Current Regi KOLSCH, NORMAN 6485 US HWY 1 SOUTH ROCKLEDGE, FL 32955 8. The above named entity submits this statement for the the obligations of registered agent. | | ed office or regi | IN . | NOT WRITE THIS SPACE on, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and late FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Finan Trust Fund Contribution. | ncing _ (| \$5.00 May Be Added to Fees | DATE |
| 10. OFFICERS AND DIRE TITLE PD NAME KOLSCH, NORMAN STREET ADDRESS 6485 US HWY #1 CITY-ST-ZIP ROCKLEDGE, FL 32955 TITLE NAME STREET ADDRESS | 1 CTORS | | | U00000758880 05/24/07-80020-008 150.00 |

12. Thereby 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: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-\$1-ZIP

4/30/2007

(321)757-7200