

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90135 049 \*\*\*150.00

<b>DOCUMENT # J31638</b>	
1. Entity Name <b>BEST IMPRESSIONS ENTERPRISE, INC.</b>	

Principal Place of Business <b>127 NW 13TH ST. SUITE 13 BOCA RATON, FL 33432</b>	Mailing Address <b>127 NW 13TH ST. SUITE 13 BOCA RATON, FL 33432</b>
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2. Principal Place of Business - No P.O. Box # <b>10313 LEXINGTON EST BLVD</b>	3. Mailing Address <b>10313 LEXINGTON EST BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33428</b>	Zip <b>33428</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2714403</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MATNEY, RICHARD A 127 NW 13TH STREET UNIT 13 BOCA RATON, FL 33432</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>10313 LEXINGTON ESTATES BLVD</b> City <b>Boca Raton</b> FL <b>33428</b>	
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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 signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATNEY, ALISA <del>127 13TH ST NW</del> BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10313 LEXINGTON ESTATES BLVD BOCA RATON FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MATNEY, RICHARD A. <del>127 13TH ST NW</del> BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10313 LEXINGTON ESTATES BLVD BOCA RATON FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARNES, LISA <del>127 13TH ST NW</del> BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2005 LYNDAHURST W DUEFFEL BLVD FL 33442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: 	Date <b>3/15/07</b>	Daytime Phone <b>561 869-6200</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		