

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 14, 2007
Secretary of State**

DOCUMENT# N03000009136

Entity Name: THE BEST YOU CAN BE FOUNDATION CORP.

Current Principal Place of Business:

2517 PROVENCE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2517 PROVENCE CIRCLE
WESTON, FL 33327

New Mailing Address:

FEI Number: 54-2134173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILAM, DEBBIE
2517 PROVENCE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: FD () Delete
Name: MILAM, DEBBIE
Address: 2517 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: CFOD () Delete
Name: MILAM, MIKE S
Address: 2517 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: MILAM, MICHAEL J
Address: 2517 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: MILAM, RILEY M
Address: 2517 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE MILAM

FD

05/14/2007

Electronic Signature of Signing Officer or Director

_____ Date