

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 23, 2011
Secretary of State

DOCUMENT# N08000002373

Entity Name: FAMILIES BEST INTEREST, INC.**Current Principal Place of Business:**4358 SE COMMERCE AVE.
STUART, FL 34997**New Principal Place of Business:****Current Mailing Address:**4358 SE COMMERCE AVE.
STUART, FL 34997**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLORIDA LEGAL RESOURCE CENTER
316 MARTIN LUTHER KING JR. BLVD
STUART, FL 34994 US**Name and Address of New Registered Agent:**FLORIDA LEGAL RESOURCE CENTER
4358 SE COMMERCE AVE
STUART, FL 34997 US

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: DESERE HOWARD

08/23/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P
Name: KUHN, PHILLIP E
Address: 4358 SE COMMERCE AVE
City-St-Zip: STUART, FL 34997

Title: VP
Name: PATTERSON, LINDA
Address: 4358 SE COMMERCE AVE
City-St-Zip: STUART, FL 34994

Title: O
Name: HOWARD, CHARLES
Address: 3190 SE GRAN PARKWAY
City-St-Zip: STUART, FL 34997

Title: O
Name: COOK, JAMIE
Address: PO BOX 1381
City-St-Zip: PORT SALERNO, FL 34992

Title: ED
Name: HOWARD, DESERE L
Address: 4358 SE COMMERCE AVE
City-St-Zip: STUART, FL 34497

I hereby 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 all other like empowered.

SIGNATURE: DESERE HOWARD

ED

08/23/2011

Electronic Signature of Signing Officer or Director_____
Date