2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N98000004774

Entity Name: MY BEST FRIEND, INC.

Current Principal Place of Business:

13410 N CLEVELAND AVE
FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

13410 N CLEVELAND AVE
FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0858594 **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:

CAGATA, CARRIE M
8651 BELLE MEADE DRIVE
FORT MYERS, FL 33908 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: PD ( ) Delete
Name: CAGATA, CARRIE M
Address: 8651 BELLE MEADE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete
Name: CAGATA, JAY C
Address: 8651 BELLE MEADE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: VD ( ) Delete
Name: WILHELM, SANDRA D
Address: 5912 COLE AVENUE
City-St-Zip: LOUISVILLE, KY 40258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: CAGATA, JAY C
Address: 8651 BELLE MEADE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: SEC (X) Change ( ) Addition
Name: WILHELM, SANDRA D
Address: 5912 COLE AVENUE
City-St-Zip: LOUISVILLE, KY 40258

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: CARRIE M. CAGATA PRES 07/09/2008

Electronic Signature of Signing Officer or Director — Date