

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019283

Entity Name: "B"ING THE BEST, INC.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

1399 N. KILLIAN DR., SUITE 2
LAKE PARK, FL 33403

New Principal Place of Business:

1351 S. KILLIAN DR., SUITE 1
LAKE PARK, FL 33403

Current Mailing Address:

1399 N. KILLIAN DR., SUITE 2
LAKE PARK, FL 33403

New Mailing Address:

1351 S. KILLIAN DR., SUITE 1
LAKE PARK, FL 33403

FEI Number: 52-2295834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, CARLTON A.R.
11795 OSPREY POINTE CIRCLE
WELLINGTON, FL 33467 US

Name and Address of New Registered Agent:

WADE, CARLTON A.R.
1066 BREAKERS WEST BLVD
WEST PALM BEACH, FL 33411 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:

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WADE, CARLTON A.R.
Address: 11795 OSPREY POINTE CIRCLE
City-St-Zip: WELLINGTON, FL 33467

Title: V () Delete
Name: WADE, LISSETTE
Address: 11795 OSPREY POINTE CIRCLE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WADE, CARLTON A.R.
Address: 1066 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: V (X) Change () Addition
Name: WADE, LISSETTE
Address: 1066 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

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

SIGNATURE: CARLTON A.R. WADE

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date