2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P01000032789 1. Entity Name 04-25-2005 90237 013 ***150.00 BEST IDEA, INC. Principal Place of Business Mailing Address BEST IDEA, INC PO BOX 471 P.O. BOX 471 BOCA RATON FL 33429 **BOCA RATON FL 33429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1085852 Not Applicable Zip Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RETAMAR LAW FIRM PA Street Address (P.O. Box Number is Not Acceptable) 823 E. HILLSBORO BLVD. PO BOX 973 DEERFIELD BEACH FL 33441 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete THILE Addition NAME BARON, LORI 4 NAME STREET ADDRESS 19512 PRESERVÉ DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME DEMKE, KERRI NAME STREET ADDRESS 180 NE WAVE CREST WAY STREET ADDRESS O NE CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME WRIGHT, WENDY NAME^{*} Wendy Wrial STREET ADDRESS 3125 SW CITRUS ISLE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33315 CITY-ST-ZIP TITLE Delete TITLE Addition arol Pauscher RETAMAR, SUSAN NAME asio falcon Dr. 345 NE OLIVE WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-7IP CITY-ST-ZIP ongmont, co 80503 TITLE ☐ Defete TITLE ☐ Addition BLOOM, LINDA inda Bloom NAME NAME 11 CROYDON COURT STREET ADDRESS STREET ADDRESS Croyden cour **HUNTINGTON STATION NY 11746** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FRANCIS, SUSAN NAME NAME 7549 DOWNSWINDS LANE STREET ADDRESS STREET ADDRESS 60, East 11 LAKE WORTH FL 33467 CITY-ST-7IP CITY-ST-ZIP Hialeah 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED