2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 8:00 am Secretary of State **DOCUMENT # P01000032789** 04-23-2007 90268 023 ***150.00 1. Entity Name BEST IDEA, INC. Principal Place of Business Mailing Address quurio: **BEST IDEA, INC** PO BOX 471 P.O. BOX 471 BOCA RATON, FL 33429 BOCA RATON, FL 33429 uite, Apt. #, etc. Suite, Apt. #, etc. 03262007 CR2E034 (12/06) Chg-P 4. FEL Number Applied For tv & State 65-1085852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RETAMAR LAW FIRM PA 823 E. HILLSBORO BLVD. PO BOX 973 DEERFIELD BEACH, FL 33441 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 Flor 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition BARON, LORI NAME NAME STREET ADDRESS 19512 PRESERVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF BOCA RATON, FL 33498 TD TITLE ☐ Defete TITLE ☐ Change ■ Addition attached HERKENRATH, KERRI NAME NAME STREET ADDRESS 180 NE WAVE CREST WAY STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-7IP CITY-ST-ZIE VPD TITLE Delete TITLE Change ☐ Addition WRIGHT, WENDY NAME NAME STREET ADDRESS 1325 SW CITRUS ISLE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33315 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE RETAMAR, SUSAN NAME 345 NE OLIVE WAY STREET ADDRESS STREET ADDRESS BOCA RATON, FL. 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE -☐ Delete TITLE ☐ Change ■ Addition BLOOM, LINDA NAME NAME STREET ADDRESS 11 CROYDON COURT STREET ADDRESS DIX HILLS, NY 11746 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FRANCIS, SUSAN NAME 7549 DOWNSWINDS LANE STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained 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 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

ATTACHMENT 40077704

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#11)

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