

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90028 018 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000012593</b>		
1. Entity Name <b>EVER BEST, INC.</b>		
Principal Place of Business <b>4434 HUNTERS HAVEN LANE EAST JACKSONVILLE, FL 32224</b>		Mailing Address <b>C/O YU D HAN, CPA 4401 EMERSON ST, SUITE 8 JACKSONVILLE, FL 32207</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03242008 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>01-0639913</b>
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>KIM, OH H 8766 REEDY BRANCH DR JACKSONVILLE, FL 32256</b>		<b>DO NOT WRITE IN THIS SPACE</b>
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIM, OH H 4434 HUNTERS HAVEN LANE EAST JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LIM, HYE K 4434 HUNTERS HAVEN LANE EAST JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LIM, CHAN H 4434 HUNTERS HAVEN LANE EAST JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAN, SARA H 8766 REEDY BRANCH DR JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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: <i>W. Lim</i> President		Date <b>3-24-08</b> Daytime Phone <b>904)3464961</b>