2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076224

Entity Name: BEST WAY CORP.

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12530 EQUESTRIAN CIRCLE 1631 SE 9TH TERRACE 416 CAPE CORAL, FL 33990

FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

12530 EQUESTRIAN CIRCLE 1631 SE 9TH TERRACE CAPE CORAL, FL 33990

FORT MYERS, FL 33907

FEI Number: 74-3051961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION METRO BUSINESS SOLUTIONS INC 3929 N FEDERAL HIGHWAY 3940 METRO PRKY

POMPANO BEACH, FL 33064 US 105 FORT MYERS, FL 33916 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: JUCIANE SENA 02/07/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 GAGEIRO, JUNIO M
 Name:
 SIMONI, JEFFREY

 Address:
 12530 EQUESTRIAN CIRCLE #416
 Address:
 13685 ADMIRAL CT

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:
 FORT MYERS, FL 33912

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 SIMONI, JEFFREY
 Name:
 GAGEIRO, JÚNIO M

 Address:
 12640 EQUESTRIAN CIRCLE #1916
 Address:
 1631 SE 9TH TERRACE

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:
 CAPE CORAL, FL 33990

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 SIMONI, MELISSA
 Name:
 SIMONI, MELISSA

 Address:
 12530 EQUESTRIAN CIRCLE #416
 Address:
 1631 SE 9TH TERRACE

 City-St-Zip:
 FORT MYERS, FL 33907
 City-St-Zip:
 CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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: JUNIO M GAGEIRO VD 02/07/2007