

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 012 ***150.00

40110400



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000086445
 1. Entity Name
 BEST WELDING & FABRICATION INC.



Principal Place of Business Mailing Address
 24925 STATE RD 46 24925 STATE RD 46
 SORRENTO, FL 32776 SORRENTO, FL 32776

2. Principal Place of Business 3. Mailing Address
 Suite Apt # etc Suite Apt # etc
 City & State City & State
 Zip Country Zip Country

07072004 Chg-P CR2E034 (10/03)
 20-0132497
 4. FEI Number P03000086445 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 AOUN, MAROUN N
 24925 STATE RD 46
 SUITE B
 SORRENTO, FL 32776

7. Name and Address of New Registered Agent
 Name PATTI LEVIN BS EA
 Street Address (P.O. Box Number is Not Acceptable) 1250 MY HOMER RD, STE 3
 City EUSTIS FL Zip 32726

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 *Patti Levin BS EA* DATE

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AOUN, MAROUN N 24925 STATE RD 46 SUITE B SORRENTO, FL 32776 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SZYKERUK, MARISA A PO BOX 1025 SORRENTO, FL 32776 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL E. NICHOLSON 24925 State Rd 46 Suite B Sorrento, FL 32776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DEVELOPER PRINTED #