


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90093 041 \*\*\*150.00

<b>DOCUMENT # P04000073668</b>	
1. Entity Name <b>BEST WAY MARINE AND ELECTRONICS SERVICES INC</b>	

Principal Place of Business <b>1990 PLACIDA ROAD ENGLEWOOD, FL 34223 US</b>	Mailing Address <b>1754 MANOR ROAD UNIT B ENGLEWOOD, FL 34223 US</b>
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2. Principal Place of Business <b>2811 AVE OF AMERICAS</b>	3. Mailing Address <b>2811 AVE OF AMERICAS</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ENGLEWOOD FL</b>	City & State <b>ENGLEWOOD FL</b>
Zip <b>34224</b>	Country <b>Charlotte</b>
Zip <b>34224</b>	Country <b>Charlotte</b>

6. Name and Address of Current Registered Agent <b>BURROWS, SUSAN A 1754 MANOR ROAD UNIT B ENGLEWOOD, FL 34223</b>	
7. Name and Address of New Registered Agent Name <b>Burrows, Susan A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2811 AVE OF AMERICAS</b> City <b>ENGLEWOOD</b> FL Zip Code <b>34224</b>	

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 Susan A. Burrows **SUSAN A. BURROWS, PRESIDENT** **4/27/2005**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURROWS, SUSAN A</b>		NAME	
STREET ADDRESS <b>269 ROTONDA BLVD. WEST #A</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ROTONDA WEST, FL 33947</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURROWS, MICHAEL D</b>		NAME	
STREET ADDRESS <b>269 ROTONDA BLVD. WEST #A</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ROTONDA WEST, FL 33947</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Susan A. Burrows **Susan A Burrows** **4/27/05** **941-4737904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone