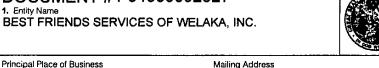
2007 FOR PROFIT CORPORATION -

ANNUAL REPORT DOCUMENT # P04000092527 1. Entity Name BEST FRIENDS SERVICES OF WELAKA, INC.

FILED Feb 12, 2007 08:00 AM **Secretary of State**



P.O. BOX 1020

WELAKA, FL 32193

DO NOT WRITE IN THIS SPACE

01072007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 81-0655612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

MILLER, ELISABETH A 1000 FRONT STREET WELAKA, FL 32193

1000 FRONT STREET

WELAKA, FL 32193

DO NOT WRITE IN THIS SPACE

 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PD				
NAME	MILLER, ELISABETH A				
STREET ADDRESS	1000 FRONT STREET				
CITY-ST-ZIP	WELAKA, FL 32193				
TITLE	VSD				U00000633849
NAME	MILLER, TERRY D				02/21/07-80079-005 150.00
STREET ADDRESS	1000 FRONT STREET				
CITY-ST-ZIP	WELAKA, FL 32193		ı		
TITLE					
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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.					