

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000045972					
1. Entity Name BEST BLENDS INC.					
Principal Place of Business 9108 MONTEVELLO DR. ORLANDO, FL 32818			Mailing Address 9108 MONTEVELLO DR. ORLANDO, FL 32818		
2. Principal Place of Business - No P.O. Box # <i>Sandus Above</i>		3. Mailing Address <i>Same as Above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05032012 Chg-P CR2E034 (12/11)	
City & State		City & State		4. FEI Number 87-0770938	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BULLINGTON, DEBRA 9108 MONTEVELLO DR. ORLANDO, FL 32818				Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>N/A</i> DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C BULLINGTON, DAVID W 9108 MONTEVELLO DR. ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	900235371619 05/21/12--01004--010 **150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BULLINGTON, WAYNE 3128 GARFIELD LONGVIEW, WA 98632	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GREGG, JAMES H 9100 MONTEVELLO DR ORLANDO, FL 32818	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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>James H Gregg</i>			DATE: <i>5/14/2012</i> <i>JH Gregg @ Bell</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			E-MAIL ADDRESS		

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MAY 22 2012

A. DUNLAP

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