

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145091

FILED
Mar 30, 2006
Secretary of State

Entity Name: BEST DEVELOPMENTS AND INVESTMENTS INC.

Current Principal Place of Business:

4062 S.R. 60 EAST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

4062 S.R. 60 EAST
BARTOW, FL 33830

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BEST, JEREMY
Address: 4736 MONTEREY DR
City-St-Zip: WINTER HAVEN, FL 33882

Title: DS () Delete
Name: BEST, MARCELA
Address: 4736 MONTEREY DR
City-St-Zip: WINTER HAVEN, FL 33882

Title: D () Delete
Name: GILMORE, GARY
Address: 1855 MILLSTREAMS DR
City-St-Zip: FREDERIC, MD 21702

Title: D (X) Delete
Name: GILMORE, LINDA
Address: 1855 MILLSTREAMS DR
City-St-Zip: FREDERIC, MD 21702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEAN, JULE
Address: 1550 W MCLEOD ST
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEREMY BEST

DP

03/30/2006

Electronic Signature of Signing Officer or Director

_____ Date