2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000099328

FILED Apr 28, 2009 Secretary of State

Entity Name: MY BEST HIRE, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
SUITE 501	ICKHAM ROAI NE, FL 32940				
Current M	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
SUITE 501	ICKHAM ROAI NE, FL 32940				
FEI Number:	20-5288850	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
KUSH, ROBERT M 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940 US The above named entity submits this statement for the purpose of in the State of Florida.			SUITE 501 MELBOURNE, FL 32:	6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940 US	
SIGNATURE: KEITH BUESCHER 04/28/2009					
SIGNATOR		ic Signature of Registered Ag	ont	Date	
Election Can		Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TOTH, THOMAS	AM ROAD, SUITE 501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUESCHER, KE	AM ROAD, SUITE 501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUESCHER, SC	AM ROAD, SUITE 501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KUSH, ROBERT	AM ROAD, SUITE 501	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DAS ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT M. KUSH DTS 04/28/2009

YELLAND, RONALD J

MELBOURNE, FL 32940

6905 N. WICKHAM ROAD, SUITE 501

Name:

Address:

City-St-Zip: