2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000122569

Entity Name: THE BEST COVER INC.

Current Principal Place of Business:

4705 29 ST. SW
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

2127 RESIDENCE DR. #415
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 20-5601545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

METRO BUSINESS SOLUTIONS, INC.
3940 METRO PARKWAY
SUITE 105
FORT MYERS, FL 33916 US

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: METRO BUSINESS SOLUTIONS, INC. 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DE SOUZA, EVALDO A
Address: 4127 RESIDENCE DRIVE #415
City-St-Zip: FORT MYERS, FL 33901

Title: V ( ) Delete
Name: DE MOURA, JOSIMAR P
Address: 4127 RESIDENCE DRIVE #415
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: SOUZA, ANTONIO
Address: 5402 5TH STREET W
City-St-Zip: LEHIGH ACRES, FL 33971 US

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.

SIGNATURE: EVALDO A DE SOUZA P 04/30/2007
Electronic Signature of Signing Officer or Director Date