

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P95000031203 1. Entity Name BEST PRACTICES, INC.	
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Principal Place of Business 4561 MURCIA BLVD SARASOTA, FL 34238	Mailing Address PO BOX 377 28 AUSTERLITZ RD WEST STOCKBRIDGE, MA 01266 US
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3310893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, JEFFREY S  
4561 MURCIA BLVD  
SARASOTA, FL 34238

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODMAN, JEFFREY S 4561 MURCIA BLVD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODMAN, ANDREA G 4561 MURCIA BLVD SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000731384  
05/09/07-80003-007 150.00

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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.

SIGNATURE: Andrea G. Goodman Andrea G. Goodman 4/12/07 617-875-1280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #