FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000017335 (5) PERSONAL BEST NETWORK, INC. Principal Place of Business Mailing Address 2375 FILLMORE DRIVE 2375 FILLMORE DRIVE MARIANNA FL 32448 MARIANNA FL 32448 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/25/1997 2. Principal Place of Business 2a. Mailing Address Applied For 2375 Fillmore Dr 21 2375 Fillmore Drive Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Marianna Marianna Added to Fees Couritry Country 8. This corporation owes or has paid the current year Intangible Jackson Jackson Personal Property Tax due June 30. X Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NALL, WILLIAM P Nall, William P Idress (P.O. Box Number is Not Acceptable) 2375 FILLMORE DRIVE MARIANNA FL 32448 Fillmore Drive 83 Morianna Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with and accept the SIGNATURE 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to State of Florida, Buch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to bligations of Jaction 607,0505, Florida Statutes. SIGNATURE NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 DITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or 3 an attachment with an address?

4-7-98

(850)482-2258