

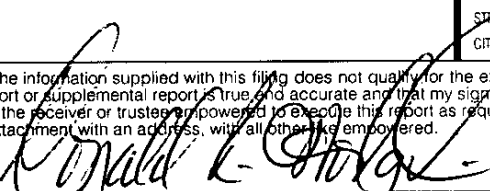


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90030 026 ***150.00

DOCUMENT # P97000026325 1. Entity Name BEST OFFENSE PRODUCTS, INC.					
Principal Place of Business 1532 PICKWOOD AVE FERN PARK, FL 32730 US			Mailing Address P.O. BOX 940990 MAITLAND, FL 32794 US		
2. Principal Place of Business - No P.O. Box # 113 Concord Dr Suite, Apt. #, etc. Suite C		3. Mailing Address P.O. Box 940990 Suite, Apt. #, etc.			
City & State Casselberry, FL		City & State Maitland, FL		4. FEI Number 59-3439193	
Zip 32707		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGSKIN, SANDRA K SHARKS SUCCESS MARKETING ENTERPRISES, INC. 1532 PICKWOOD AVE FERN PARK, FL 32730		7. Name and Address of New Registered Agent Name No Change Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGSKIN, DONALD R. 1532 PICKWOOD AVE FERN PARK, FL 32730	<input type="checkbox"/> Delete			
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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:  PRESIDENT 04/17/08 409-9535 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					