
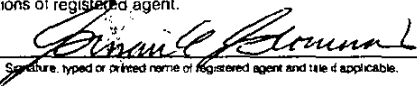
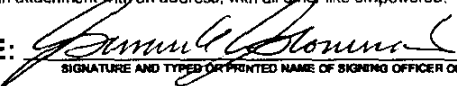


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 033 ***150.00

DOCUMENT # P97000101873 1. Entity Name FLORIDA'S BEST REAL ESTATE CORPORATION			
Principal Place of Business 1122 FLORIDA AVE LYNN HAVEN, FL 32444 US		Mailing Address 1122 FLORIDA AVE LYNN HAVEN, FL 32444 US	
2. Principal Place of Business - No P.O. Box # 14210 Highway 77 Suite, Apt. #, etc.		3. Mailing Address 14210 Highway 77 Suite, Apt. #, etc.	
City & State Southport, FL Zip 32409 Country USA		City & State Southport, FL Zip 32409 Country USA	
4. FEI Number 59-3483025		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLONINA, SUSAN L 1122 FLORIDA AVE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Susan L. Slonina Street Address (P.O. Box Number is Not Acceptable) 14210 Highway 77 City Southport, FL Zip Code 32409	
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  Susan L. Slonina <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 01-03-2008 <small>(NOTE: Registered Agent signature required when reissuing)</small>	
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	P SLONINA, SUSAN L 1122 FLORIDA AVE LYNN HAVEN, FL 32444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Slonina, Susan L. 14210 Highway 77 Southport, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Susan L. Slonina <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 01-03-08 DAYTIME PHONE # 8502653432	