2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 Al Secretary of State

DOCUI	MENT	#	P98000	031	506
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1. Entity Name

BEST TRANSPORTATION SERVICES, INC.



Principal Prace of Business

MT. DORA, FL 32757

Mailing Address

18950 US HWY 441 STE 230 18950 US HWY 44

STE 230

MT. DORA, FL 32757



DO NOT WRITE IN THIS SPACE

02152008 No Chg-P CR2E034 (11/05)

4.	FEI Number
	65-0828929

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LING, GAIL 18950 US HIGHWAY 441

230

MT. DORA, FL 32757

DO NOT WRITE IN THIS SPACE

me or inglations of registered agent								
SIGNATURE.	Sensiting superdist printed name of registered agent and title of	applicable (NOTE, Reg	gistered Agont signature	required when reinstability)	DVIL			
			lection Campaign Financing \$5.00 May Be rust Fund Contribution Added to Fees		000000365189 04/07/08-80018-021 150.00			
10.	OFFICERS AND DIREC	TORS	1					
NAME STREET ADDRESS CITY-ST-ZIP	PD LING, GAIL 18950 US HIGHWAY 441 #230 MT. DORA, FL 32757							
TITLE NAME STREET ADDRESS CITY+S1-7IP								
TITLE TIAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
HAME STREET ADDRESS CHY-ST-ZIP				IN THIS SPACE				
TITLE TIAME STREET ADDRESS COLY-ST-ZIP								
TITLE NAME STHEET ADDRESS CITY+ST-ZIP								

6. 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. Lam familiar with, and accent

12. Thereby 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08 3525896262