2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 21, 2007
Secretary of State

DOCUMENT# P98000044147

Entity Name: BEST BAIT, INC.

Current Principal Place of Business:

1313 OCEAN BAY DR.
P.O. BOX 273
KEY LARGO, FL 33037

New Principal Place of Business:

188 S. OCEAN SHORES DRIVE
KEY LARGO, FL 33037

Current Mailing Address:

1313 OCEAN BAY DR.
P.O. BOX 273
KEY LARGO, FL 33037

New Mailing Address:

188 S. OCEAN SHORES DRIVE
KEY LARGO, FL 33037

FEI Number: 65-0836101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILL, RICKY J
1313 OCEAN BAY DR.
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

WILSON, THOMAS M
188 S. OCEAN SHORES DRIVE
KEY LARGO, FL 33037 US

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.

SIGNATURE: THOMAS M. WILSON 12/21/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HILL, RICKY J
Address: 1313 OCEAN BAY DR.
City-St-Zip: KEY LARGO, FL 33037

Title: VD ( ) Delete
Name: HILL, ADAM
Address: 1313 OCEAN BAY DR.
City-St-Zip: KEY LARGO, FL 33037

Title: SD (X) Delete
Name: HILL, TOM
Address: 1313 OCEAN BAY DR.
City-St-Zip: KEY LARGO, FL 33037

Title: TD (X) Delete
Name: HILL, JAYNE
Address: 1313 OCEAN BAY DR.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILSON, THOMAS M
Address: 188 S. OCEAN SHORES DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VD (X) Change ( ) Addition
Name: SENTZ, JEFFREY A
Address: 187 S. OCEAN SHORES DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. WILSON PD 12/21/2007
Electronic Signature of Signing Officer or Director Date