## 2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 05, 2007 08:00 A Secretary of State DOCUMENT # P99000100651 1. Entity Name BEST & BEST ENTERPRISES, INC. Principal Place of Business Mailing Address 3882 LANCASTER CT 1860 WOOD TRAIL ST TARPON SPRINGS, FL 34689 PALM HARBOR, FL 34685 No Chg-P 03142007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3601574 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIN, TIN AUNG DO NOT WRITE 645 HAVEN PLACE TARPON SPRINGS, FL 34689 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Recistered Agent signisture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WIN, TIN AUNG STREET ADDRESS 645 HAVEN PLACE U00000691301 04/13/07-80005-011 150.00 CITY-ST-ZP TARPON SPRINGS, FL 34689 NAME WIN, PHYU PHYU STREET ADDRESS 645 HAVEN PLACE TARPON SPRINGS, FL 34689 CITY-ST-ZIP MRE HALE STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TILE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

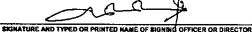
SIGNATURE	

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS



04103107

(727)614-6053

Date

Daytime Phone #