2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000041

1. Entity Name
BETTER DAYS, INC.

Principal Place of Business	Mailing Address
3426 PIPES O THE GLENWAY ORLANDO, FL 32808	P.O. BOX 580340 ORLANDO, FL 32858-0340

03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3599991
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORSEY, LARRY
3426 PIPES O THE GLENWAY
ORLANDO, FL 32808

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	DORSEY, LARRY
STREET ADDRESS	3420 PIPES O THE GLENWAY
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	PD
NAME	BRADLEY, ERNEST
STREET ADDRESS	2127 MONTE CARLOS TR
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	VPD
NAME	JACKSON, PRENTISS
STREET ADDRESS	10148 CULPEPPER CT
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	TD
NAME	CALLOWAY, IRA
STREET ADDRESS	1306 WESTON WOODS BLVD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	SD
NAME	BRADLEY, SHIRLEY
STREET ADDRESS	2127 MONTE CARLO TR
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000725240
05/03/07-80014-011 70.00

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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 617, 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: Larry Dorsey 4/16/07 4075956764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #