

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007745

1. Entity Name
A BETTER LIFE FOUNDATION, INC.



Principal Place of Business
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

Mailing Address
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

FILED
08 MAR 14 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-1830671	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

A&A REGISTERED AGENT, INC.
4551 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

03/20/08--01016--008 **61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOEGH, ANDERS
STREET ADDRESS	1105 PLACETAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TD
NAME	CASELL, MINDY
STREET ADDRESS	5935 CHAPMAN FIELDS DRIVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SD
NAME	BLACKMAN, JOAN
STREET ADDRESS	1105 PLACETAS AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D
NAME	SUTHERLAND, VICTORIA
STREET ADDRESS	3859 CARBON CANYON ROAD
CITY-ST-ZIP	MALIBU, CA 90265
TITLE	D
NAME	FINE, DAWN
STREET ADDRESS	5300 FAIRCHILD WAY
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	D
NAME	JENSEN, TROND
STREET ADDRESS	6120 RIVIERA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33146

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 305-221-2510
Date Daytime Phone #