


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90191 024 \*\*\*150.00

<b>DOCUMENT # P03000031747</b>			
1. Entity Name <b>BETTER INVESTMENTS, INC.</b>			
Principal Place of Business <b>800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309</b>		Mailing Address <b>800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309</b>	
2. Principal Place of Business - No P.O. Box # <b>800 W. CYPRESS CREEK RD.</b>		3. Mailing Address <b>800 W. CYPRESS CREEK RD.</b>	
Suite, Apt. #, etc. <b>SUITE 465</b>		Suite, Apt. #, etc. <b>SUITE 465</b>	
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>	
Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>
4. FEI Number <b>51-0463686</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LEGEZ, LARRY 800 W. CYPRESS CREEK RD., #470 FT. LAUDERDALE, FL 33309</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEGEZ, LARRY 800 W CYPRESS CREEK RD, # 470 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEGEZ, BRENDA 800 W CYPRESS CREEK ROAD, SUITE #470 FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Larry Legesz</i> <b>LARRY LEGEZ PRES 4-24-07</b>		Date <b>954 4938900</b> Daytime Phone #	