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Feb 28, 2006 8:00 am
Secretary of State
02-28-2006 90012 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083538

1. Entity Name
A BETTER SOLUTION, INC.

50000346

02102006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
397 AUTUMN CHASE DR VENICE, FL 34292	397 AUTUMN CHASE DR VENICE, FL 34292
2. Principal Place of Business: P.O. Box 653	3. Mailing Address: P.O. Box 653
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34284 Country	Zip: 34284 Country

4. FEI Number: 20-0145454 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BINETTE, CAROL L 397 AUTUMN CHASE DR VENICE, FL 34292	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** 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	P SNODGRASS-BINETTE, CAROL 397 AUTUMN CHASE DR. VENICE, FL 34292 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Carol Binette-Snodgrass P.O. Box 653 Venice, FL 34284 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Carol Binette-Snodgrass Carol Binette-Snodgrass 2/22/06 941-416-2540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #