2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# P04000000039

Entity Name: BETIM CORPORATION

Current Principal Place of Business:

391 SW FIG AVENUE
PORT SAINT LUCIE, FL 34953 FL

New Principal Place of Business:

391 SW FIG AVENUE
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

391 SW FIG AVENUE
PORT SAINT LUCIE, FL 34953 FL

New Mailing Address:

391 SW FIG AVENUE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-0536823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
SECOND FLOOR
DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: TAX HOUSE CORPORATION 05/18/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALEXANDER, SANDRA S
Address: 391 SW FIG AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD ( ) Delete
Name: DA SILVA, ELIANDRO C
Address: 391 SW FIG AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD (X) Delete
Name: SILVA, DAVI C
Address: 391 SW FIG AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALEXANDER, SANDRA S
Address: 391 SW FIG AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VD (X) Change ( ) Addition
Name: DA SILVA, ELIANDRO C
Address: 391 SW FIG AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIANDRO C DA SILVA VD 05/18/2009
Electronic Signature of Signing Officer or Director Date