


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90239 039 ***150.00

| | | | | | |
|--|--------------------------------|---|---|--|-----------------------------------|
| DOCUMENT # P06000023015 | | | |  | |
| 1. Entity Name BETTER LAND INVESTMENTS, INC. | | | | | |
| Principal Place of Business 800 W. CYPRESS CREEK ROAD SUITE 465 FT. LAUDERDALE, FL 33309 | | Mailing Address 800 W. CYPRESS CREEK ROAD SUITE 465 FT. LAUDERDALE, FL 33309 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04192008 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-1269065 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LEGEL, LARRY 800 W. CYPRESS CREEK ROAD SUITE 470 FT. LAUDERDALE, FL 33309 | | | Name LEGEL, LARRY | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 800 W. CYPRESS CREEK ROAD, SUITE 465 | | |
| | | | City FT. LAUDERDALE FL | | |
| | | | Zip Code 33309 | | |
| 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: <i>Larry Legel</i> | | | | DATE: 4.30.8 | |
| 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, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LEGEL, LARRY | | NAME | | |
| STREET ADDRESS | 800 W. CYPRESS CREEK ROAD #470 | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33309 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | REYNAERT, JEROME | | NAME | | |
| STREET ADDRESS | P.O. BOX 1059 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALVA, FL 33920 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 Legel</i> | | LARRY LEGEL D | | DATE: 4.30.8 | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | DATE | |
| | | | | 954 4938900 | |
| | | | | Daytime Phone # | |