


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # 769168 1. Entity Name BETA ALPHA HOUSE CORPORATION OF DELTA DELTA DELTA, INC.	
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Principal Place of Business 11207 ELMFIELD DR. TAMPA, FL 33625 US	Mailing Address 11207 ELMFIELD DR. TAMPA, FL 33625 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2265581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KREIS, ROSE 616 ADDISON DR NE SAINT PETERSBURG, FL 33716
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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVERETT, BEE 3316 KORINA LANE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOROK, TRISHA 5709 FIVE AERA RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREIS, ROSE 616 ADDISON DR NE SAINT PETERSBURG, FL 33716
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<p>U000000657415 03/14/07-80067-017 61.25</p> DO NOT WRITE IN THIS SPACE
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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 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: 	3/2/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		