


**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 813865</b> 1. Entity Name <b>BETTER PLASTICS, INC.</b>	
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Principal Place of Business <b>2206 N. MAIN ST. KISSIMMEE, FL 34744 US</b>	Mailing Address <b>2206 N. MAIN ST. KISSIMMEE, FL 34744 US</b>
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0876309</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<b>U000000912013 05/07/08-80063-010 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KLINE, WILLIAM R 2206 N. MAIN ST. KISSIMMEE, FL 34744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD MESSINA, W A 2206 N MAIN SY KISSIMMEE, FL 34744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD MESSINA, EDNA P 2206 N. MAIN ST KISSIMMEE, FL 34744</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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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:**  **WILLIAM A MESSINA** 4/18/08 407-846-3127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #