2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# F02000005187

Entity Name: BETTER RESULTS, INC.

Current Principal Place of Business:

12340 GAY ROAD
NORTH EAST, PA 16428

New Principal Place of Business:

Current Mailing Address:

PO BOX 369
NORTH EAST, PA 16428

New Mailing Address:

FEI Number: 52-1913903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MILLER, ROBERT S
Address: 12340 GAY ROAD
City-St-Zip: NORTH EAST, PA 16428

Title: VC ( ) Delete
Name: MILLER, CHRISTOPHER
Address: 12340 GAY ROAD
City-St-Zip: NORTH EAST, PA 16428

Title: D ( ) Delete
Name: CARON, TOM
Address: 12340 GAY ROAD
City-St-Zip: NORTH EAST, PA 16428

Title: P ( ) Delete
Name: GUNTER, WILEY
Address: 12340 GAY ROAD
City-St-Zip: NORTH EAST, PA 16428

Title: S ( ) Delete
Name: STEELE, RICHARD
Address: 12340 GAY ROAD
City-St-Zip: NORTH EAST, PA 16428

Title: T ( ) Delete
Name: WASKO, J. ROBERT
Address: 12340 GAY ROAD
City-St-Zip: NORTH EAST, PA 16428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILEY GUNTER P 05/02/2005

Electronic Signature of Signing Officer or Director — Date