2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# F03000005297

Entity Name: BETTER BUSINESS SYSTEMS, INC

Current Principal Place of Business:

550 N 31ST ST., STE. 302
BILLINGS, MT 59101

New Principal Place of Business:

Current Mailing Address:

550 N 31ST ST., STE. 302
BILLINGS, MT 59101

New Mailing Address:

FEI Number: 81-0509024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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: CVP ( ) Delete
Name: CHRANS, WILLIS
Address: 2600 NOGALLES WAY
City-St-Zip: GILLETTE, WY 82717

Title: PD ( ) Delete
Name: GEIGER, ARTHUR L
Address: 3406 WINCHELL
City-St-Zip: BILLINGS, MT 59102

Title: STD ( ) Delete
Name: BENTLEY, STEVE
Address: 2308 CASCADE DR
City-St-Zip: GILLETTE, WY 82718

Title: D ( ) Delete
Name: BALSTER, KENNETH
Address: 4455 TOYON DR
City-St-Zip: BILLINGS, MT 59102

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:

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: STEVEN K. BENTLEY STD 04/30/2004

Electronic Signature of Signing Officer or Director Date