2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005297

Entity Name: BETTER BUSINESS SYSTEMS, INC

FILED May 01, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	H 24TH STRE MT 59101	ET WEST, SUITE 201		550 SOUTH 24TH STREET WEST, SUITE 201 BILLINGS, MT 59102		
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
PO BOX 81590 BILLINGS, MT 59101				PO BOX 81590 BILLINGS, MT 59108		
FEI Number	: 81-0509024	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
2731 EXECUTE WESTON, The above	, FL 33331 named entity	DRIVE, SUITE 4 US submits this statement for the	ourpose of changing	its registered	d office or registered agent, or both,	
	e of Florida.					
SIGNATU		nic Signature of Registered Ag	ont		 Date	
Election Car	ce with s. 607.19	3(2)(b), F.S., the corporation did no	ot receive the prior notic		ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:		Delete IS ES WAY	Title: Name: Address: City-St-Zip:	io, on Angl	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (GEIGER, ARTH 3406 WINCHEI BILLINGS, MT	.L	Title: Name: Address: City-St-Zip:	PD GEIGER, AR 4356 RIDGE BILLINGS, M	WOOD LANE S	
Title: Name: Address: City-St-Zip:	STD (BENTLEY, STE 5140 CLAPPER LAUREL, MT 5	R FLAT RD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	BALSTER, KEN	MOUNTAIN BLVD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	D (REILE, DONAL 1059 GOVERN		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: STEVEN BENTLEY STD 05/01/2008

City-St-Zip: BILLINGS, MT 59105