# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# F03000005297

**Entity Name:** BETTER BUSINESS SYSTEMS, INC

**Current Principal Place of Business:**

550 SOUTH 24TH STREET WEST, SUITE 201
BILLINGS, MT 59102

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 81590
BILLINGS, MT 59108

**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:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: | 4356 RIDGEWOOD LANE S | |
| City-St-Zip: | BILLINGS, MT 59106 | |
| Title: | STD | ( ) Delete |
| Name: | BENTLEY, STEVE | |
| Address: | 5140 CLAPPER FLAT RD | |
| City-St-Zip: | LAUREL, MT 59044 | |
| Title: | D | ( ) Delete |
| Name: | BALSTER, KENNETH | |
| Address: | 5241 ROCKY MOUNTAIN BLVD | |
| City-St-Zip: | BILLINGS, MT 59106 | |
| Title: | D | ( ) Delete |
| Name: | REILE, DONALD | |
| Address: | 1059 GOVERNORS BLVD | |
| City-St-Zip: | BILLINGS, MT 59105 | |

**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: | |

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.

SIGNATURE: JOSH HALE ACCT 04/14/2009

Electronic Signature of Signing Officer or Director — Date