2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005129

Current Principal Place of Business:

Entity Name: DECRO BETA CORPORATION

FILED Jaņ 12, 2<u>00</u>5 Secretary of State

446 S. ANAHEIM HILLS ROAD # 105

ANAHEIM HILLS, CA 928074241

New Mailing Address: Current Mailing Address:

446 S. ANAHEIM HILLS ROAD # 105 ANAHEIM HILLS, CA 928074241

OFFICERS AND DIRECTORS:

TEMPE, AZ 825855303

FEI Number: 33-0520446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROFESSIONAL MANAGEMENT OF CENTRAL FLORIDA

501 N. MAGNOLIA AVE. STE. 100 ORLANDO, FL 32801 US

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:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

() Delete (X) Change () Addition HARSHFIELD, CLARK VOGT, LOUIS Name: Name: 3737 ATLANTIC AVE., STE. 1311 Address: 501 N. MAGNOLIA AVE, SUITE 100 Address: ORLANDO, FL 32801 City-St-Zip: LONG BEACH, CA City-St-Zip: Title: () Delete Title: () Change () Addition WILKE, CHRISTOPHER Name: Name: Address: 950 W. 27TH ST. Address: City-St-Zip: LONG BEACH, CA 90806 City-St-Zip: Title: () Delete Title: () Change () Addition WETZEL, TIMOTHY Name: Name: Address: 1353 SOUTHWEST 10TH ST Address: City-St-Zip: NORTH BEND, WA 98045 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHANER, JAMES P Name: Address: 446 S. ANAHEIM HILLS RD., #105 Address: City-St-Zip: ANAHEIM HILLS, CA 92807 City-St-Zip: Title: () Delete Title: () Change () Addition GOODWIN, JAMES M Name: Name: 96 LAKE DRIVE Address: Address: City-St-Zip: SEDONA, AZ 86336 City-St-Zip: Title: () Delete Title: () Change () Addition AVERY, WARREN Name: Name: Address: P.O. BOX 25303 Address:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAMES P. SHANER Ρ 01/12/2005