2007 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiv changed, or on an attachmen

SIGNATURE:

Secretary of State DOCUMENT # F95000003623 02-12-2007 90078 016 ***150.00 THE BETTER BUILT GROUP, INC. Principal Place of Business Mailing Address 1217 AIRPORT RD 1217 AIRPORT RD DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-3324028 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAYNE, ALAN 1217 AIRPORT RD, #419 Street Address (P.O. Box Number is Not Acceptable) DESTIN, FL 32541 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition PHILLIPS, RUPERT E NAME NAME STREET ADDRESS 1738 GIANT SYCAMORE LANE STREET ADDRESS CITY-ST-ZIP **BAKER, FL 31531** CITY-ST-ZIP S TITLE ☐ Delete TITLE ☐ Channe ☐ Addition PHILLIPS, SANDRA K STREET ADDRESS 1738 GIANT SYCAMORE LANE STREET ADDRESS CITY-ST-ZIP BAKER, FL 32531 CITY-ST-ZIP TOTALE ☐ Delete TITLE ☐ Channe Addition DAWS, HAROLD C NAME NAME STREET ADDRESS 208 NORTHCLIFF DR. STREET ADDRESS GULF BREEZE, FL 32561 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition PAYNE, ALAN 1217 AIXFORT RUAD, #419 DESTEN, F1 3254/ STREET ADDRESS 212 E MAIN ST STREET ADDRESS CITY-ST-7IP LEESBURG, FL 34749 CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP on supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information mental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information s indicated on this report or supplet

ING OFFICER OR DIRECTOR

FILED

Feb 12, 2007 8:00 am