2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003838

City-St-Zip:

DESTIN, FL 32541

Entity Name: BETTERMENT OF LIFE, INC

FILED Apr 27, 2007 Secretary of State

•		,			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
9525 EMERALD COAST PKWY MIRAMAR BEACH, FL 32550				36246 EMERALD COAST PARKWAY DESTIN, FL 32541	
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
9525 EMERALD COAST PKWY MIRAMAR BEACH, FL 32550				36246 EMERALD COAST PARKWAY DESTIN, FL 32541	
FEI Number:	: 58-1910181	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
	ARY RALD COAST BEACH, FL:			EZELL, MARY 36246 EMERALD COAST PARKWAY DESTIN, FL 32541 US	
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATUR	RE:			04/27/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (EZELL, MARY 4711 SEASTA DESTIN, FL 3	R VISTA	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (EZELL, JOE 4711 SEASTA DESTIN, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST (BOYER, LINDA 1220 QUAIL R		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: MARY EZELL P 04/27/2007