



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # G58146 1. Entity Name BETTER ROADS INC.	
--	---

Principal Place of Business 1910 SEWARD AVE NAPLES, FL 34109 US	Mailing Address 1910 SEWARD AVE NAPLES, FL 34109 US
---	---

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2319514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BONNESS, JOS. D. III 1910 SEWARD AVE NAPLES, FL 34109	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

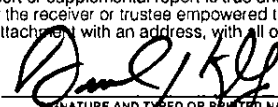
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VS RESTINO, JOSEPH M 1910 SEWARD AVENUE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CEO BONNESS, JOS D III 1910 SEWARD AVENUE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD BAILIE, KATHLEEN M 1910 SEWARD AVENUE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD KELLY, DANIEL J 1910 SEWARD AVENUE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P TURNER, JOE L 1910 SEWARD AVENUE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VS CLARK, JOHN ANDREW 1910 SEWARD AVENUE NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

000000800471
01/31/08-80018-021 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Daniel J. Kelly** 01/24/08 239-597-2181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #