

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015070
 1. Entity Name
 BETTER LIFE PRODUCTS, LLC



Principal Place of Business: 630 GRAND BLVD. DESTIN, FL 32550
 Mailing Address: P.O. BOX 6700 DESTIN, FL 32550



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05092005 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 33-1057978 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEARCE, R.P. JR.
 10859 EMERALD COAST PARKWAY
 W #4
 DESTIN, FL 32550

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONQUEST, LLC 10859 EMERALD COAST PRKY W. MIRAMAR BEACH, FL 32550
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Date: 4-30-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #