2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L06530

Entity Name: BETA ETA REAL ESTATE, INC.

FILED Dec 19, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

180 S. CHERRY STREET 700 OHIO AVENUE

SUITE E

LYNN HAVEN, FL 32444 US MONTICELLO, FL 32344 US

New Mailing Address: Current Mailing Address:

180 S. CHERRY STREET 700 OHIO AVENUE

SUITE E LYNN HAVEN, FL 32444 US MONTICELLO, FL 32344 US

FEI Number: 59-2967984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOGLE, THOMAS R BABER, BRIAN 180 S. CHERRY STREET 700 OHIO AVENUE

SUITE E LYNN HAVEN, FL 32444 US MONTICELLO, FL 32344 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: BRIAN BABER 12/19/2008 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MUELLER, CHRIS BABER, BRIAN Name: Name: 3001 W SAN JOSE ST 700 OHIO AVENUE Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: LYNN HAVEN, FL 32444

Title: Title: () Delete (X) Change () Addition

Name: HOGEL, TOM Name: WAHLEN, ERIC 180 S. CHERRY STREET 700 OHIO AVENUE Address: Address:

MONTICELLO, FL 32344 US LYNN HAVEN, FL 32444 US City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change (X) Addition

BOUDET, SCOTT Name: Name: 700 OHIO AVENUE Address Address: City-St-Zip: City-St-Zip: LYNN HAVEN, FL 32444

Title: () Delete Title: () Change (X) Addition

GODWIN, JAMES D Name: Name: Address: Address: 700 OHIO AVENUE City-St-Zip: City-St-Zip: LYNN HAVEN, FL 32444

Title: Title: () Change (X) Addition () Delete

MUELLER, CHRIS Name: Name: Address: Address: 700 OHIO AVENUE City-St-Zip: City-St-Zip: LYNN HAVEN, FL 32444

Title: () Delete Title: () Change (X) Addition

MURPHY, BRIAN Name: Name: 700 OHIO AVENUE Address: Address: City-St-Zip: City-St-Zip: LYNN HAVEN, FL 32444

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.

SIGNATURE: BRIAN BABER Ρ 12/19/2008