2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08877

Title:

Name: Address:

City-St-Zip:

STD

LARGO, FL

(X) Delete

KELLER, GARY W.,

10950 BELCHER ROAD

FILED Jun 05, 2007 Secretary of State

Entity Name: BETTER BUSINESS FORMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 10950 BELCHER ROAD LARGO, FL 33777 **Current Mailing Address: New Mailing Address:** 10950 BELCHER ROAD P.O. BOX 250 PINELLAS PARK, FL 33780250 US FEI Number: 59-2969301 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: KELLER, GARY W HUTTLIN, JR., DONALD 10950 BELCHER ROAD 10950 BELCHER ROAD LARGO, FL 33777 LARGO, FL 33777 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: DONALD HUTTLIN, JR. 06/05/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCDERMOTT, NORBERT Name: Name: 10950 BELCHER ROAD Address: Address: City-St-Zip: LARGO, FL 33777 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HOGAN, PAUL Name: 10950 BELCHER ROAD Address: Address: City-St-Zip: LARGO, FL City-St-Zip: Title: Title: PD () Delete () Change () Addition BAKER, JOSEPH P., Name: Name: 10950 BELCHER ROAD Address: Address: City-St-Zip: LARGO, FL City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL HOGAN D 06/05/2007

() Change () Addition