

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000592

FILED
Sep 19, 2007
Secretary of State

Entity Name: BETTER TOMORROWS, INC.

Current Principal Place of Business:

502 N MACARTHUR AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

1028 CREEL ST
FORT WALTON BEACH, FL 32547

Current Mailing Address:

502 N MACARTHUR AVE
PANAMA CITY, FL 32401

New Mailing Address:

1028 CREEL ST
FORT WALTON BEACH, FL 32547

FEI Number: 31-1747610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCINTYRE, PATRICIA
502 N MACARTHUR AVE.
SUITE A
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MCINTYRE, PATRICIA
1028 CREEL ST
FORT WALTON BEACH, FL 32547 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: PATRICIA MCINTYRE

09/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCINTYRE, JERILANE
Address: 502 N MACARTHUR AVE, SUITE A
City-St-Zip: PANAMA CITY, FL 32401

Title: VPD () Delete
Name: MCINTYRE, PATRICIA
Address: 502 N MACARTHUR AVE, SUITE A
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: MCKIGNEY, GERRY
Address: 29674 ELMORE MCKIGNEY LANE
City-St-Zip: SPRINGFIELD, LA 70462

Title: D () Delete
Name: SHERBURNE, MARSHA
Address: 25564 MCCAROL RD
City-St-Zip: SPRNGFIELD, LA 70462

Title: D () Delete
Name: VALENTINE, JAMES
Address: PO BOX 609
City-St-Zip: HANA, HI 96713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCINTYRE, JERILANE
Address: 1028 CREEL ST
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD (X) Change () Addition
Name: MCINTYRE, PATRICIA
Address: 1028 CREEL ST
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MCINTYRE

VPD

09/19/2007

Electronic Signature of Signing Officer or Director

Date