

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000362

FILED
Jan 16, 2007
Secretary of State

Entity Name: BETTER BUSINESS CONNECTIONS, INC.

Current Principal Place of Business:

1217 PALMDALE CIRCLE NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60743
PALM BAY, FL 329060743 US

New Mailing Address:

FEI Number: 65-1068739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, RAYMOND W
1217 PALMDALE CIRCLE NE
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CARLISLE, DEANNA R
Address: 1217 PALMDALE CIRCLE NE
City-St-Zip: PALM BAY, FL 329054233 US

Title: PD () Delete
Name: BATES-THOMPSON, MITZI
Address: 1679 GARDEN AVENUE
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: FELS, SYLVIA
Address: 4155 DOW ROAD, SUITE M
City-St-Zip: MELBOURNE, FL 32934 US

Title: TD () Delete
Name: MUH, BRENDA
Address: 2061 PALM BAY ROAD NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: MCDONOUGH, BRYAN
Address: 1005 STRAWBRIDGE AVE.
City-St-Zip: MELBOURNE, FL 32902

Title: D () Delete
Name: GIBSON, HENRY
Address: 163 ABELLO ROAD SW
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: BRENDA MUH

TD

01/16/2007

Electronic Signature of Signing Officer or Director

Date