2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002099

FILED Apr 21, 2005 Secretary of State

Entity Name: BETA SOCIAL RESEARCH AND EVALUATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7202 WEST RIVERCHASE DRIVE 2206 12TH ST W
TEMPLE TERRACE, FL 33637 PALMETTO, FL 34221

Current Mailing Address: New Mailing Address:

PO BOX 1867 2206 12TH ST W PALMETTO, FL 34220 PALMETTO, FL 34221

FEI Number: 05-0558137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PUCCIA, ELLEN
7202 WEST RIVERCHASE DRIVE
TEMPLE TERRACE, FL 33637 US
PUCCIA, ELLEN
2206 12TH ST W
PALMETTO, FL 34221 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: 04/21/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PUCCIA, ELLEN
 Name:
 PUCCIA, ELLEN

 Address:
 PO BOX 1867
 Address:
 2206 12TH ST W

 City-St-Zip:
 PALMETTO, FL 34220
 City-St-Zip:
 PALMETTO, FL 34221

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

 Name:
 GODDARD, BILL
 Name:
 GODDARD, BILL

 Address:
 PO BOX 733
 Address:
 PO BOX 733

 City-St-Zip:
 BLUE HILL, MI 04614
 City-St-Zip:
 BLUE HILL, ME 04614

Title: D () Delete Title: () Change () Addition

 Name:
 REDDING, TERRY
 Name:

 Address:
 1403 OAK STREET NW
 Address:

 City-St-Zip:
 WASHINGTON, DC 20010
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELLEN PUCCIA D 04/21/2005