

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 26, 2007
Secretary of State

DOCUMENT# N04000007762

Entity Name: A BETTER THERAPY, INC.

Current Principal Place of Business:254 S. RONALD REAGAN BLVD.
#130
LONGWOOD, FL 32750 US**New Principal Place of Business:****Current Mailing Address:**254 S. RONALD REAGAN BLVD.
#130
LONGWOOD, FL 32750 US**New Mailing Address:**

FEI Number: 36-4559112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:RYAN, STEPHEN O
254 S. RONALD REAGAN BLVD.
#130
LONGWOOD, FL 32750 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: P () Delete
Name: RYAN, STEPHEN O
Address: 254 S. RONALD REAGAN BLVD. #130
City-St-Zip: LONGWOOD, FL 32750 USTitle: VP () Delete
Name: RYAN, STEPHEN O
Address: 254 S. RONALD REAGAN BLVD. #130
City-St-Zip: LONGWOOD, FL 32750 USTitle: S () Delete
Name: RYAN, STEPHEN O
Address: 254 S. RONALD REAGAN BLVD. #130
City-St-Zip: LONGWOOD, FL 32750 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: MANUEL, COREY
Address: 254 S. RONALD REAGAN BLVD. #130
City-St-Zip: LONGWOOD, FL 32750 USTitle: S (X) Change () Addition
Name: BABINGTON, SHELLY L
Address: 254 S. RONALD REAGAN BLVD. #130
City-St-Zip: LONGWOOD, FL 32750 US

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: COREY MANUEL

VP

04/26/2007

Electronic Signature of Signing Officer or Director

Date