2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# N10000008688

Entity Name: VIE MEILLEURE-BETTER LIFE INC.

Current Principal Place of Business:

466 SW LACONIC AVE.
PORT SAINT. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

466 SW LACONIC AVE.
PORT SAINT. LUCIE, FL 34953

New Mailing Address:

FEI Number: 90-0618004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PIERRE, WESLE L
466 SW LACONIC AVE
PORT SAINT LUCIE, FL 34953 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
Name: PIERRE, WESLE L
Address: 466 SW LACONIC AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP
Name: DARISTE, ANTONIO
Address: 1059 SW EUREKA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T
Name: PIERRE, MARTINE
Address: 466 SW LACONIC AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S
Name: PIERRE, WESLEY JR.
Address: 466 SW LACONIC AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: M
Name: JEAN-PIERRE, MARIE A
Address: 139 SILVER BEACH RD
City-St-Zip: LAKE PARK, FL 33403

I hereby 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 all other like empowered.

SIGNATURE: WESLE L. PIERRE P 04/27/2011

Electronic Signature of Signing Officer or Director — Date