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Secretary of State
07-18-2006 90086 010 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003380

1. Entity Name
BETA PI OF KD HOUSE CORP.

66022841

Principal Place of Business	Mailing Address
1122 E. PANHELLENIC DR. GAINESVILLE, FL 32601	~~1122 E. PANHELLENIC DR.~~ ~~GAINESVILLE, FL 32601~~

07132006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4632 NW 56th DRIVE Suite, Apt. #, etc.
City & State	City & State: GAINESVILLE FL
Zip / Country	Zip: 32606 / Country: USA

4. FEI Number: 59-6139328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RIKER, ELIZABETH C~~ ~~2125 NW 3RD PLACE~~ ~~GAINESVILLE, FL 32603~~ C	Name: CINDY KLODELL Street Address (P.O. Box Number is Not Acceptable): 9618 SW 34th LANE City: GAINESVILLE FL Zip Code: 32608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cindy Klodell 8/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIKER, ELIZABETH 2125 NW 3RD PL GAINESVILLE, FL 32603	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/PRES CINDY KLODELL 9618 SW 34TH LANE GAINESVILLE, FL 32608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHAEFFER, MEG 2612 NW 34TH TERRACE GAINESVILLE, FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/SEC/VP SALLY SCOTT 7821 NW 51ST DRIVE GAINESVILLE, FL 32653	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LING, LUCY 4632 NW 56TH DRIVE GAINESVILLE, FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELANEY, LOU 2401 NW 7TH ROAD GAINESVILLE, FL 32607	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY EVANS 2516 NW 20TH STREET GAINESVILLE, FL 32605	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Lucy Lynn Ling x July 14, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #