
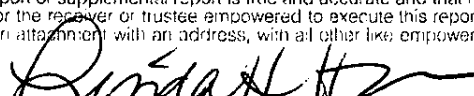


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000009862 1. Entity Name BETTER LIVING RESOURCES, INC.					
Principal Place of Business 501 NE FIRST STREET GAINESVILLE FL 32601			Mailing Address P.O. BOX 357202 GAINESVILLE FL 32635-7202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)	
City & State		City & State		4. FEI Number 03-0380290 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature typed or printed name of registered agent and the corporation (NOTE: Registered agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		U00000869608 04/09/08-80056-011 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HENDERSON, LINDA H 5012 N W 18TH PLACE GAINESVILLE FL 32605		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: 			LINDA H. HENDERSON PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			352-3749118		