2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Loy Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

DOCUMENT # P02000071387 1. Entity Name BETTER BUILDERS, INC.							FILED 07 APR 30 PM 2: 45				
Principal Plac	Mailing Address	Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA						
115 CAPTAIN JAMES ST. CRAWFORDVILLE, FL 32327			115 CAPTAIN JAN Crawfordville								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01312007	Chg-P	CR2E034	(12/06)	07
City & State			City & State			000000110			oplied For ot Applicable		
Zip	Country		Zip	Co			5. Certificate of			8.75 Add	litional
	6. Name	and Address of Current	Registered Agent				7. Name and A	ddress of New Re			
PIERCE, ROBERT A					Nar	ne					
227 SOUTH CALHOUN ST. TALLAHASSEE, FL 32301					Street Address (P.O. Box Number is Not Acceptable)						
77 (622) (77)	0022,72	02001									
					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 Fiorida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees											
10.	OFFICERS AND DIRECTORS			11,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	PSTD DEAN, LLO	OYD C	☐ Delete		TITLE NAME				. [Change	☐ Addition
STREET ADDRESS	115 CAPT.	AIN JAMES ST.			STREET ADDR	ESS					
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327				CITY-ST-ZIP TITLE	V. 1	9	······		7 Change	TQ Addition
NAME					NAME	La	rry Sim	s			Ca vagiriou
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CITY-ST-ZIP			i		CITY-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP					STREET ADDRE	L33					ļ
12. I hereby o	L certify that the	information supplied with	this filing does not gue	lify for t	the exemption	ns contained	in Chanter 119 F	Inrida Statutos 1 f	urther cortifu t	that the in	formation
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 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.											