2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90376 027 ***150.00

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1. Entity Name
BETTYBLANCHE INVESTMENTS, INC.

40051198

03142006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
301 CYPRESS AVE. ST. CLOUD, FL 34769	301 CYPRESS AVE. ST. CLOUD, FL 34769

2. Principal Place of Business	3. Mailing Address
101 CAROLINA AVE	101 CAROLINA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST CLOUD, FLORIDA	City & State: ST CLOUD, FLORIDA
Zip: 34769 Country	Zip: 34769 Country

4. FEI Number: 20-0714517 ☐ 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
BLAIN, GREGG T 301 CYPRESS AVENUE ST. CLOUD,, FL 34769	Name: Street Address (P.O. Box Number is Not Acceptable): 101 CAROLINA AVE City: ST CLOUD FL Zip Code: 34769

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______________________
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, 2006 Fee will be $550.00

9. Election Campaign Financing 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 / STREET ADDRESS / CITY-ST-ZIP	DPS BLAIN, GREGG T 301 CYPRESS AVENUE ST. CLOUD, FL 34769	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 101 CAROLINA AVE ST CLOUD, FL 34769	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT TAGGETT, LAWRENCE O JR. 1839 KING EDWARD DRIVE KISSIMMEE, FL 34744	☐ 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
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
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 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: Gregg T. Blain 4/11/06 407-436-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #