


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 046 ***150.00

DOCUMENT # P04000037156

1. Entity Name
 BETTYE'S OF FLORIDA INC.



Principal Place of Business
 2597 BROOKE ROAD
 FORT MEADE, FL 33841

Mailing Address
 2597 BROOKE ROAD
 FORT MEADE, FL 33841

2. Principal Place of Business
 119 W Broadway
 Suite, Apt. #, etc.

3. Mailing Address
 829-D North Lanier Ave
 Suite, Apt. #, etc.



02172006 Chg-P CR2E034 (11/05)

City & State
 Fort Meade, FL

City & State
 Fort Meade, FL

4. FEI Number
 20-0967954

Applied For
 Not Applicable

Zip
 33841

Country

Zip
 33841

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WARBURTON, E. BETTYE
 2597 BROOKE ROAD
 FORT MEADE, FL 33841

7. Name and Address of New Registered Agent
 Name: Cheryl Lewis
 Street Address (P.O. Box Number is Not Acceptable): 401 North Oak Avenue
 City: Fort Meade FL Zip Code: 33841

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: *Cheryl Lewis*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: _____

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	PD LEWIS, CHERYL 401 NORTH OAK AVENUE FORT MEADE, FL 33841 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SCHULTZ, TAMMY 975 TERRIE TERRACE FORT MEADE, FL 33841 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Cheryl Lewis* Date: 3/29/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #