2006 FOR PROFIT CORPORATION 3 ANNUAL REPORT				FILED Jun 22, 2006 8:00 am Secretary of State
	MÈNT # P04000044	039		06-22-2006 90001 033 ***150.00
1. Entity Nam A BETTEI	R CHOICE BUILDERS, INC			
Principal Place	e of Business	Mailing Address		, <u> </u>
1369 40TH AVENUE NE1369 40TH AVENUE NEST. PETERSBURG, FL33703ST. PETERSBURG, FL33703				
2. Principal Place of Business A. 3. Mailing Addres ROUL Stree A. S Suite, Apt. #, etc. Suite, Apt. #, etc.			me	
City & State	• ^	City & State		06132006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For
Sti Ketvers burg, Fly				11-3718729 Not Applicable
Zip J'J'	710 Country USA	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent
FISCHER, DEBRA L 1369 40TH AVENUE NE ST. PETERSBURG, FL 33703			Streat Addres	1 Stime The UL
0 The shares		the surgest of chapting its		FL ZigCode 3-7/3-7/3 stered agent, or both, in the State of Florida. I am familiar with, and accept
	Signative, typed or printed name of registered agent.	meles		L Fischer 6/16/06
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campa Trust Fund Con		5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. INLE	OFFICERS AND		11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	FISCHER, DEBRA L 1369 40TH AVENUE NE ST. PETERSBURG, FL 33703		NAME STREET ADDRESS CITY - ST - ZIP	SDY) Stime The N. St. Potorsb-ra, Fla 33710
TITLE NAME	V FISCHER, JAMES W	Delete	TITLE NAME	8047 Stimie Are U. Addition
STREET ADDRESS CITY - ST - ZIP	ST. PETERSBURG, FL 33703		STREET ADDRESS CITY - ST - ZIP	Stiletes bin, K/2 33710
TITLE NAME STREET ADDRESS	S MALCOMB, CARSON L 1369 40TH AVENUE NE	Delete	TITLE NAME STREET ADDRESS	Stilletes bra, K/2 33712 Stilletes bra, K/2 33712 8047 Stimie Ano D. Stilletes bra, F/2 33712 Stilletes bra, F/2 33712 Stilletes bra, F/2 33712
CITY-ST-ZIP	ST. PETERSBURG, FL 33703		CITY-ST-ZIP	Stilletisberg, Fla 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🔲 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change [] Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	🗌 Change 🛛 Addition
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		L Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition
12. I hereby indicated of the col	f on this report or supplemental report is	true and accurate and that overed to execute this report	my signature shall have t t as required by Chapter	ned in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
•	$\cap \rho$	Y Fin	Ch	Date Date Dating Phone
	URE: Wem	RINTED NAME OF SIGNING OFFICE		Date Davine Phone #

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