2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008
Secretary of State

DOCUMENT# P04000064795

Entity Name: BETTY BANGS, INC.

Current Principal Place of Business:

6619 S. DIXIE HWY
#269
MIAMI, FL 33143

New Principal Place of Business:

6619 S. DIXIE HWY
#305
MIAMI, FL 33143

Current Mailing Address:

6619 S. DIXIE HWY
#269
MIAMI, FL 33143

New Mailing Address:

6619 S. DIXIE HWY
#305
MIAMI, FL 33143

FEI Number: 05-0580239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERHARTS, JULIA E
6619 S. DIXIE HWY
#269
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

GERHARTS, JULIA E
6619 S. DIXIE HWY
#305
MIAMI, FL 33143 US

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.

SIGNATURE: JULIA E. GERHARTS 02/13/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KNIGHT, CYCLORIA A
Address: 8524 SW BIRD RD
City-St-Zip: MIAMI, FL 33155

Title: CEO ( ) Delete
Name: GERHARTS, JULIA
Address: 6619 S. DIXIE HWY #269
City-St-Zip: MIAMI, FL 33143

Title: COO (X) Delete
Name: GERHARTS, JULIA
Address: 6619 S. DIXIE HWY #269
City-St-Zip: MIAMI, FL 33143

Title: VCFO (X) Delete
Name: CABRERA, MERCEDES S
Address: 6619 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MASOOD, HILDA M
Address: 1520 S.W. 1 STREET; APT 4
City-St-Zip: MIAMI, FL 33135

Title: VP (X) Change ( ) Addition
Name: GERHARTS, JULIA E
Address: 6619 S. DIXIE HWY; #305
City-St-Zip: MIAMI, FL 33143

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HILDA M. MASOOD P 02/13/2008
Electronic Signature of Signing Officer or Director Date