

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079726

FILED  
Apr 22, 2006  
Secretary of State

Entity Name: BETTER COMMUNITY TECHNOLOGIES, INC.

## Current Principal Place of Business:

7777 N WICKHAM RD  
12-551  
MELBOURNE, FL 32940 US

## New Principal Place of Business:

4111 CHARDONNAY DR  
VIERA, FL 32955 US

## Current Mailing Address:

7777 N WICKHAM RD  
12-551  
MELBOURNE, FL 32940 US

## New Mailing Address:

4111 CHARDONNAY DR  
VIERA, FL 32955 US

FEI Number: 20-1179237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAPPINGTON, CAROLE A  
348 RENAISSANCE AVENUE  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

SPRINGTHORPE, BRUCE  
4111 CHARDONNAY DR  
VIERA, FL 32955 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: BRUCE SPRINGTHORPE

04/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SAPPINGTON, CAROLE A  
Address: 348 RENAISSANCE AVENUE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: DVP ( ) Delete  
Name: SPRINGTHORPE, BRUCE  
Address: 7777 N WICKHAM ROAD 12-551  
City-St-Zip: MELBOURNE, FL 32940 US

Title: DST ( ) Delete  
Name: SPRINGTHORPE, TAMMY B  
Address: 7777 N WICKHAM ROAD 12-551  
City-St-Zip: MELBOURNE, FL 32940 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition  
Name: SPRINGTHORPE, BRUCE  
Address: 4111 CHARDONNAY DR  
City-St-Zip: VIERA, FL 32955 US

Title: DST (X) Change ( ) Addition  
Name: SPRINGTHORPE, TAMMY B  
Address: 4111 CHARDONNAY DR  
City-St-Zip: VIERA, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE SPRINGTHORPE

DVP

04/22/2006

Electronic Signature of Signing Officer or Director

Date