

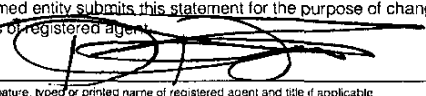
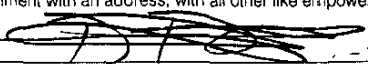


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90509 022 \*\*\*150.00

<b>DOCUMENT # P04000081624</b> 1. Entity Name <b>BETTER BENEFITS GROUP II, INC.</b>					
Principal Place of Business <b>411 N. CYPRESS DR., UNIT 11</b> <b>TEQUESTA, FL 33469</b>			Mailing Address <b>411 N. CYPRESS DR., UNIT 11</b> <b>TEQUESTA, FL 33469</b>		
2. Principal Place of Business <b>261 GOLFOVIEW DR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>261 GOLFOVIEW</b> Suite, Apt. #, etc.			
City & State <b>TEQUESTA, FL</b>		City & State <b>TEQUESTA, FL</b>		4. FEI Number <b>20-1185042</b>	
Zip <b>33469</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DANTO, DANA</b> <b>411 N. CYPRESS DR., UNIT 11</b> <b>TEQUESTA, FL 33469</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>261 GOLFOVIEW DR.</b> City <b>TEQUESTA</b> <b>FL</b> Zip Code <b>33469</b>	
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:  DATE: <b>1/31/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>DANTO, DANA</b> STREET ADDRESS <b>411 N. CYPRESS DR., UNIT 11</b> CITY-ST-ZIP <b>TEQUESTA, FL 33469</b>	<input type="checkbox"/> Delete		TITLE <b>261 GOLFOVIEW DR.</b> NAME <b>TEQUESTA, FL</b> STREET ADDRESS <b>33469</b> CITY-ST-ZIP	<input checked="" 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	
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	
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 exemption stated in Section 119.07(3)(i), 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: 				Date: <b>1/31/05</b> Daytime Phone #	