## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## FILED Apr 17, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P04000141678  1. Entity Name BETTER BUY INC.				04-17-2006 90369 030 ***150.00					
Principal Place of Business Mailing Address						50845			
9734 DEERLI Jacksonvill		9734 DEERLAKE CT., #11 JACKSONVILLE, FL 32246		400	130030				
2. Principal Pl	ace of Business  1 HE~DP/2ks An	Are		11   E1   11   E1   U1	}    <b>                                  </b>		<b>                                    </b>		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04132006	Chg-P	CR2E0	34 (11/05)	. P. J. P
City & State	Aelcsonville 1	City & State	1/13 F	<del>ا</del> ح	4. FEI Number 75-317			<u> </u>	plied For t Applicable
Zip 321	Country USA	Zip 32w)	Country			of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current R	tegistered Agent	Name			Address of New Ro		Agent	
YING, WU BI 9734 DEERLAKE CT., #11				ddress (F	P.O. Box Numb	er is Not Acceptable	•		<del>.</del>
JACKSON	VILLE, FL 32246		City	41	51 14	ENDRIC	cler	A E	)
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 a n familiar with, and accept the obligations of registered agent.  SIGNATURE									
	Signature, typed or printed name registered agent ar	nd title if applicable. (NOTE Re	egistered Agent signati	ure required	when reinstating)		DATI -		
	V V E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu			00 May Be ed to Fees				
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND		
TII'LE NAME	PD YING, WU BI	☐ Delete	TITLE NAME	PD WU	1 Bi	YNG		Change	Addition
STREET ADDRESS CITY-ST-ZIP	9734 DEERLAKE CT., #11 JACKSONVILLE, FL 32246		STREET ADDRESS CITY-\$1-ZIP		. , .	ENDRIZE VILLE 7	AVE	? 22 <u>-41</u>	<u>/</u>
TITLE		☐ Delete	TITLE NAME			` .		☐ Change	Addition
name Street address City-St-Zip			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
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.									

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR