2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000027361

1. Entity Name

BETTER PROPERTIES OF CENTRAL FLORIDA, INC.



FILED Jul 17, 2007 08:00 AN Secretary of State

Principal Place of Business

7000 ISLAND BOULEVARD

SUITE 2704 AVENUTRA, FL 33160 Mailing Address

7000 ISLAND BOULEVARD

SUITE 2704

AVENUTRA, FL 33160



DO NOT WRITE IN THIS SPACE

07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2821053

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL. 33145

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33145			IN IMIS SPACE		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWII! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PSTD GOLD, RICHARD A 7000 ISLAND BOULEVARD SUITE 2 AVENUTRA, FL 33160		U00000769308 07/17/07-80007-025 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 ettachment with an address with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Richard A. Gold, Pres.

07/09/2007

305 466-7848

Daytime Phone #