


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90011 027 ***150.00

DOCUMENT # P05000046389	
1. Entity Name BETTOLE CORP	

Principal Place of Business 1035 W LANDCASTER 16 ORLANDO FL 32809 US	Mailing Address 6420 WINERGARD RD ORLANDO FL 32809 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 771120 Suite, Apt. #, etc.
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City & State ORLANDO - FL	City & State ORLANDO - FL
Zip 32877	Country ORANGE

4. FEI Number 20-2578634	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OTTONE, WALTER 5022 AVENTURA BLVD ORLANDO FL 32839	
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7. Name and Address of New Registered Agent Name OTTONE, WALTER Street Address (P.O. Box Number is Not Acceptable) 821 ALASKA WOODS LN City ORLANDO FL Zip Code 32824	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reconstituting)	DATE _____
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FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTTONE, GIOVANNI 5022 AVENTURA BLVD ORLANDO FL 32839 <i>NEW ADDRESSES</i> 821 ALASKA WOODS LN ORLANDO FL 32824	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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: 	03/07/2006 407.310.6897
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

ATTACHMENT

40034598
#P05000046389

PRINCIPAL PLACE OF
BUSINESS

→ 1035 W. LANCASTER
RD # 16
ORLANDO FL
32809

MAILING ADDRESS

→ P. O. BOX 77120
ORLANDO FL
32877