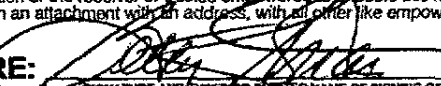


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00-AM
Secretary of State

DOCUMENT # P05000089540 1. Entity Name BETTY'S INC.		
Principal Place of Business 157 FERDON CIRCLE PORT CHARLOTTE, FL 33954	Mailing Address 157 FERDON CIRCLE PORT CHARLOTTE, FL 33954	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STUART, BETTY 157 FERDON CIRCLE PORT CHARLOTTE, FL 33954		DO NOT WRITE IN THIS 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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		02/01/07-80020-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D STUART, BETTY 157 FERDON CIRCLE PORT CHARLOTTE, FL 33954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T STUART, BETTY 157 FERDON CIRCLE PORT CHARLOTTE, FL 33954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUART, BETTY 157 FERDON CIRCLE PORT CHARLOTTE, FL 33954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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.		
SIGNATURE: 		1-29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1672985	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required