


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90397 010 ***158.75

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| DOCUMENT # P06000013983 |  |
| 1. Entity Name BUILDING A BETTER YOU CORPORATION | |

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| Principal Place of Business PO BOX 560607 ORLANDO, FL 32856 | Mailing Address PO BOX 560607 ORLANDO, FL 32856 |
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| 2. Principal Place of Business - No P.O. Box # 110 PINE ISLE DRIVE | 3. Mailing Address P.O. Box 560607 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|
| City & State SANFORD, FLORIDA | City & State ORLANDO, FLORIDA |
| Zip 32773 | Zip 32856 |
| Country USA | Country USA |



01092007 Chg-P CR2E034 (12/06)

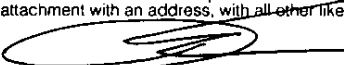
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| 6. Name and Address of Current Registered Agent HALL, KATHY B 204 MALTESE CIRCLE LOFT UNIT #10 FERN PARK, FL 32730 | |
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| 4. FEI Number 204458887 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|-------------------------------------|
| 7. Name and Address of New Registered Agent Name KATHY B. HALL Street Address (P.O. Box Number is Not Acceptable) 110 PINE ISLE DRIVE City SANFORD, FL Zip Code 32773 | |
| 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  | KATHY B. HALL 4/26/07 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 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 | PCEO HALL, KATHY B 204 MALTESE CIRCLE LOFT UNIT 10 FERN PARK, FL 32730 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FOUNDER/PCEO HALL, KATHY B 110 PINE ISLE DRIVE SANFORD, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCCALL, BARRY 204 MALTESE CIRCLE LOFT UNIT 10 FERN PARK, FL 32730 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT MCCALL, BARRY 110 PINE ISLE DRIVE SANFORD, FLORIDA 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ARMSTEAD, FAYOLA 204 MALTESE CIRCLE LOFT UNIT 10 FERN PARK, FL 32730 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LEGAL SECRETARY & SECURITY COMPLIANCE OFFICER FAYOLA / ARMSTEAD 110 PINE ISLE DRIVE, SANFORD, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LINDO, EWAN LAWRENCE 204 MALTESE CIRCLE LOFT UNIT 10 FERN PARK, FL 32730 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LINDO, EWAN LAWRENCE 110 PINE ISLE DRIVE SANFORD, FLORIDA 32773 <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 |

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| 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:  | KATHY B. HALL April 26, 2007 (407) |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |

571-6922