2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # P06000023015 1. Entity Name BETTER LAND INVESTMENTS, INC.)	05-05-2008	90239 039 ***1:	50.00	
Principal Place of Business 800 W. CYPRESS CREEK ROAD SUITE 465 FT. LAUDERDALE, FL 33309		Mailing Address 800 W. CYPRESS CREEK ROAD SUITE 465 FT. LAUDERDALE, FL 33309				31 ATHA HATA IRN ATHA HABA			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe 65-1269			pplied For lot Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$8.75 Ac Fee Requir		
	6. Name and Address of Curren	Registered Agent			7. Name and	Address of New R	tegistered Agent		
. , -				Name 1 ECET	TADDY				
LEGEL, LARRY 800 W. CYPRESS CREEK ROAD				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 470 FT. LAUDE	ERDALE, FL 33309			800 W.	800 W. CYPRESS CREEK ROAD, SUITE 465				
				Ft. LAUDERDALE FL Zip Code 33309					
	named entity submits this statement fions of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or bot			n, and accept	
SIGNATURE	Signature, typed or printed name of register it diges	t and title if applicable. (NOT	E: Registere	a Agent signature require	ed when reinstating)	y. 30	DATE		
		9. Election Campa			5.00 May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	.00 Trust Fund Cont	tribution.		Ided to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS	LEGEL, LARRY NAM		TIFLI NAM STRE	l l			☐ Change	☐ Addition	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		CITY	- ST- ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNAERT, JEROME P.O. BOX 1059 ALVA, FL 33920	☐ Delete		!			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		Delete		EET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE		□ Defete	TITLE	E E			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ne eet address /-st-zip		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRE	E			☐ Change	Addition	
indicated	Certify that the information supplied will on this report or supplemental report poration or the receiver or trustee emission or the receiver or trustee emission.	is true and accurate and that	mv siana	iture shall have the	e same legal effec	t as if made under	oath; that I am an offic	er or director 🚦	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: COM CORP LARRY LETTE D Y	.30.8 954	4938900
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #