2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #P07000119 BETTENCOURT, INC.	9283			03-28-2008	8 90044 021 ***1	30.00
Principal Plac	ce of Business	Mailing Address				***	
78 HAMMOCK BEACH CIRCLE PALM BEACH COAST, FL 32137		78 HAMMOCK BEACH CIRCLE PALM BEACH COAST, FL 32137				5000	2269
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072008	Chg-P	CR2E034 (12/06))
City & State		City & State		4. FEI Numbe	-82214	460 A	applied For
Zip	Country	Zip	Country		of Status Desired	\$8.75 Ac	ditional
	6. Name and Address of Current	Registered Agent	·	7. Name and	Address of New I		
DETTENO	OUDT JOURNA		Name				
BETTENCOURT, JOHN V. 78 HAMMOCK BEACH CIRCLE PALM BEACH COAST, FL 32137			Street Addre	ess (P.O. Box Numbe	er is Not Acceptabl	e)	
	ı						
			City			FL Zip Co	de
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or reg	isterec agent, or bo	h, in the State of Fl	orida. I am familiar with	, and accept
	•						
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable. (NCTE:	Registered Agent signature rec	qured when reinsta(+ig)	.	CATE	
FIL	Sonature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig	n Financing	\$5.00 May Be Added to Fees		DATE	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OFF	DATE	3S IN 11
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12. Thereby 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 frustee 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.

CITY-ST-ZI?

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bettorcours

JOHN VBETTENKOURT

386 585 4437