

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20195

Entity Name: BETCO INC. OF N.C.

FILED
Feb 07, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 1650
228 COMMERCE BLVD.
STATESVILLE, NC 28687

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1650
228 COMMERCE BLVD.
STATESVILLE, NC 28687

New Mailing Address:

FEI Number: 56-1430958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODIE, ANGEL
277 N COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

GOODIE, ANGEL
277 NORTH COLLIER BLVD
MARCO ISLAND, FL 34145 US

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.

SIGNATURE:

02/07/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SABRI, SAMIR Y.,
Address: 2446 BRICK LANDING COURT
City-St-Zip: MT. PLEASANT, SC 29464

Title: T () Delete
Name: WHITNEY, BARBARA,
Address: 11 CEDAR LANE
City-St-Zip: HILTON HEAD, SC 29926

Title: P () Delete
Name: HUBER, TERRY L
Address: 415 AUGUSTA DRIVE
City-St-Zip: STATESVILLE, NC 28625

Title: CFO (X) Delete
Name: MURDOCK, SHARON
Address: 153 MORNING DOVE LN
City-St-Zip: STATESVILLE, NC 28625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WHITNEY, BOYD JR
Address: 1420 CAXAMBAS CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: COO (X) Change () Addition
Name: HUBER, TERRY L
Address: 415 AUGUSTA DRIVE
City-St-Zip: STATESVILLE, NC 28625

Title: CFO (X) Change () Addition
Name: MURDOCK, SHARON
Address: 153 MORNING DOVE LN
City-St-Zip: STATESVILLE, NC 28625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON MURDOCK

CFO

02/07/2006

Electronic Signature of Signing Officer or Director

Date