


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000038757	
1. Entity Name B.E.T., INC.	

Principal Place of Business 6427 OLD WINTER GARDEN ROAD ORLANDO, FL 32835	Mailing Address 1046 HIDDEN BLUFF CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3242237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ISAACS, THOMAS A 1046 HIDDEN BLUFF CLERMONT, FL 34711

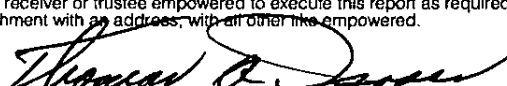
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/28/08-80008-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PRES
NAME	ISAACS, THOMAS A
STREET ADDRESS	PO BOX 585768
CITY-ST-ZIP	ORLANDO, FL 32858
TITLE	VP
NAME	CALHOUN, BURT
STREET ADDRESS	4226 FORRESTAL AVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	ST
NAME	SHEDD, EDDIE
STREET ADDRESS	201 S BLUFORD
CITY-ST-ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-28-2008 <small>Date</small>	407-832-4197 <small>Daytime Phone #</small>