

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058845

FILED
Jun 04, 2007
Secretary of State

Entity Name: BETTER AVIATION PRODUCTS, INC.

Current Principal Place of Business:

P.O. BOX 223702
HOLLYWOOD, FL 330223702

New Principal Place of Business:

3695 NW 124 AVENUE
CORAL SPRINGS, FL 33065

Current Mailing Address:

P.O. BOX 223702
HOLLYWOOD, FL 330223702

New Mailing Address:

FEI Number: 65-0513767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIES, ALAYNA
1601 S 16 AVE
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIES, ALAYNA
Address: 1601 S 16 AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP () Delete
Name: RIVAS, FRANKLIN
Address: 1601 S 16 AVE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALAYNA RIES

PRES

06/04/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date