2006 FOR PROFIT CORPORATION

Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P96000016168** 04-03-2006 90417 023 ***150.00 1. Entity Name BETÁ COMPANY SURVEYING, INC. Principal Place of Business Mailing Address 4523 30TH ST W 4523 30TH ST W BRADENTON, FL 34207 BRADENTON, FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #; etc.----02272006 **Chg-P**** CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 65-0646579 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALLINS, SCOTT B Street Address (P.O. Box Number is Not Acceptable) 1910 MANATEE AVE W BRADENTON, FL 34205 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) S. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change ☐ Addition ☐ Delete TITI F TITLE BROWN, VAN STANTON SR NAME NAME 4523 30TH ST W STREET ADDRESS STREET ADDRESS BRADENTON, FL 34207 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

12. I hereby certify that the information supplied with this filling 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 justee 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. changed, or on an attachment with

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: x

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED