2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000023871

1. Entity Name
BETTER HARVEST, INC.

Principal Place of Business

11891 US HWY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

Mailing Address

11891 US HWY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

03152005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0678195		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, JAMES D
11891 US HWY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

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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 _____   3-16-05

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000269862
05/19/05-80028-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RYAN, JAMES D
STREET ADDRESS	11891 US HWY ONE, STE. 201
CITY-ST-ZIP	NORTH PALM BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ James D. Ryan   3-16-05   561-691-1766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #