
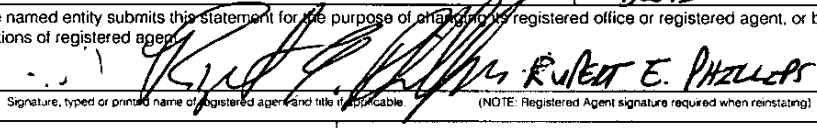


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90348 012 ***150.00

DOCUMENT # P97000038937 1. Entity Name BETTER BUILT HOLDINGS, INC.			
Principal Place of Business 212 E. MAIN ST. LEESBURG, FL 34748 US		Mailing Address 212 E. MAIN ST. LEESBURG, FL 34748 US	
2. Principal Place of Business 1217 AIRPORT ROAD Suite, Apt. #, etc. 419 City & State DESTIN FLORIDA Zip 32541		3. Mailing Address 1217 AIRPORT ROAD Suite, Apt. #, etc. 419 City & State DESTIN FLORIDA Zip 32541	
			
		04202005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3570786		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 PHILLIPS, RUPERT E 212 E MAIN ST LEESBURG, FL 34748		7. Name and Address of New Registered Agent Name RUPERT E. PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 1217 AIRPORT ROAD #419 City DESTIN FL Zip Code 32541	
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  RUPERT E. PHILLIPS DATE 4/20/05 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME PHILLIPS, RUPERT E STREET ADDRESS 212 E. MAIN ST. CITY-ST-ZIP LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1217 AIRPORT ROAD #419 DESTIN, FLORIDA 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  RUPERT E. PHILLIPS DATE 4/20/05 Daytime Phone # 850-650-5211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			