2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 04, 2007 08:00 Al Secretary of State DOCUMENT # P97000038937 1. Entity Name BETTER BUILT HOLDINGS, INC. Principal Place of Business Mailing Address 1217 AIRPORT ROAD 1217 AIRPORT ROAD 419 DESTIN, FL 32541 DESTIN, FL 32541 US 02062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3570786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, RUPERT E DO NOT WRITE 1217 AIRPORT ROAD #419 IN THIS SPACE DESTIN, FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PHILLIPS, RUPERT E NAME STREET ADDRESS 1217 AIRPORT ROAD #419 U00000688736 04/11/07-80006-022 150.00 CITY - ST - ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 exemption of the receiver or trustee empowered.

SIGNATURE:

NAME STREET ADORESS CITY - ST - ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07

850 - 651 - 520/ Daytima Phone #