

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029354

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: BETTER LIVING SOLUTIONS, INC.

## Current Principal Place of Business:

9090 NW 41 MANOR  
CORAL SPRINGS, FL 33075

## New Principal Place of Business:

6574 N. STATE ROAD 7  
#327  
COCONUT CREEK, FL 33073

## Current Mailing Address:

9090 NW 41 MANOR  
CORAL SPRINGS, FL 33075

## New Mailing Address:

6574 N. STATE ROAD 7  
#327  
COCONUT CREEK, FL 33073

FEI Number: 65-0842334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: NARDONE, LORI L  
Address: 9090 NW 41 MANOR  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD ( ) Delete  
Name: NARDONE, THOMAS R  
Address: 9090 NW 41 MANOR  
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VPD ( ) Delete  
Name: NARDONE, DOMINIC  
Address: 9373 W. SAMPLE RD #204  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NARDONE, THOMAS R  
Address: 6574 N. STATE ROAD 7, #327  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPTD (X) Change ( ) Addition  
Name: NARDONE, LORI  
Address: 6574 N. STATE ROAD 7, #327  
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD (X) Change ( ) Addition  
Name: NARDONE, DOMINIC  
Address: 6574 N. STATE ROAD 7, #327  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS R. NARDONE

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date