2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000057545

1. Entity Name

BETLEN ASSOCIATES TAX MANAGEMENT, INC.



FILED Apr 05, 2007 08:00 Al Secretary of State

Principal Place of Business

27 SOUTH US HIGHWAY 17-92 CHARLES RICHARD BEALL BLVD. DEBARY, FL 32713-3441 Mailing Address

27 SOUTH US HIGHWAY 17-92 CHARLES RICHARD BEALL BLVD. DEBARY, FL 32713-3441



04022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3586980

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIGANTINO, BETTY 27 SOUTH US HIGHWAY 17-92 CHARLES RICHARD BEALL BLVD. DEBARY, FL 32713-3441

DO NOT WRITE

DEDART,	72 32/10/0441				
	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its regist	tered office or registered agent, or bo	oth, in the State of Florida. I am fam	uliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tible	if applicable. (NOTE: Regist	tered Agent signature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution		;	
10.	OFFICERS AND DIREC	CTORS		CAS PERSON REPORTED AND	Wat the like the C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIGANTINO, BETTY 27 S US HWY 17-92 DEBARY, FL 327133441				002.150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEARN, RACHELLE L 9792 TWIN MILLS ST LAS VEGAS, NV 89178				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Do	NOT WRITE	
TITLE NAME Street Address City-St-Zip			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND THE AND TYPE YOU DE BUSINESS OF SIGNING OFFICE OF DISPETOR

4/2/01