## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005524

Entity Name: BUTLER CAPITAL CORPORATION

FILED Apr 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
215 SCHILLING CIRCLE SUITE 100 HUNT VALLEY, MD 21031						
Current Mailing Address:				New Mailing Address:		
PO BOX 677 HUNT VALLEY, MD 21030						
FEI Number:	52-1167308	FEI Number Applied For ( )	FEI Numbe	er Not Applic	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	N	lame and	Address of New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US  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 Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BUTLER, LAWF	CIRCLE SUITE 100	Na Ad	itle: ame: ddress: ity-St-Zip:	C (X) Change ( ) Addition BUTLER, LAWRENCE J 215 SCHILLING CIRCLE SUITE 100 HUNT VALLEY, MD 21031	
Title: Name: Address: City-St-Zip:	PYLES, MICHAI	CIRCLE SUITE 100	Na Ad	itle: ame: ddress: ity-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	KOHR, RICHAR	CIRCLE SUITE 100	Na Ad	itle: ame: ddress: ity-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	POLACK, ROBE	CIRCLE SUITE 100	Na Ad	itle: ame: ddress: ity-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SINGLETON, TH	CIRCLE SUITE 100	Na Ad	itle: ame: ddress: ity-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SERIO, JOSEPI	CIRCLE SUITE 100	Na Ad	itle: ame: ddress: ity-St-Zip:	P (X) Change ( ) Addition SERIO, JOSEPH 215 SCHILLING CIRCLE SUITE 100 HUNT VALLEY, MD 21031	

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: THERESA M. SINGLETON S 04/12/2007