2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000029

Title:

Name:

Address: City-St-Zip: () Delete

JOHNSON, F. MICHAEL

MOBILE, AL 36602

100 SAINT JOSEPH STREET

FILED Jul 10, 2006 Secretary of State

Entity Name: BTF REIT, INC. **Current Principal Place of Business: New Principal Place of Business:** 7700 US HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** 7700 US HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459 FEI Number: 04-3653602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition KNOWLES, CAMILE T III FITZHUGH, MICHAEL D Name: Name: 7700 US HIGHWAY 98 WEST 7700 US HIGHWAY 98 WEST Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: Title: (X) Change () Addition DST () Delete DST Name: HAGLER, FLORIA A Name: HAGLER, GLORIA A 218 EAST BROAD STREET 218 EAST BROAD STREET Address: Address: EUFAULA, AL 36027 City-St-Zip: EUFAULA, AL 36027 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GLORIA A. HAGLER DST 07/10/2006

() Change () Addition