2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F0500000671 1. Entity Name BTA ENTERPRISES, INC. Principal Place of Business 5779 PRESTON AVENUE LIVERMORE, CA 94551 Mailing Address 5779 PRESTON AVENUE LIVERMORE, CA 94551

FILED Mar 12, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3356659

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered o	ffice or r	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE					
FIL After Ma	Election Campaign Financing Trust Fund Contribution.	· _	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HODSON, JACK 5779 PRESTON AVENUE LIVERMORE, CA 94551				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVC HODSON, CANDACE 5779 PRESTON AVENUE LIVERMORE, CA 94551				U00000663352 03/21/07-80049-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Medal Conservation (1913) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914)	Contraction of the contraction o	·	# 12 No. 93 +	the the third th

12. I hereby certify that the information supplied with this filling 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 will an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

925-371-5040

Daytime Phone #