2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F06000007282

1. Entity Name



May 14, 2007 8:00 am Secretary of State 05-14-2007 90083 048 ***150.00

BT TIRES HOLDING CORP.					03-14-2007 900	705 040	130.00	
Principal Place of Business 5200 TOWN CENTER CIRCLE SUITE 470 BOCA RATON, FL 33486 Mailing Address 5200 TOWN CENTER CIRCLE BOCA RATON, FL 33486 BOCA RATON, FL 33486				1 38 BY RE 181 E BY R ENY ERY ERY ERY ERY	I I I II I I I I I I I I I I I I I I I	1 (115) RIID (11	1881 [†] 11 1801	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302007 Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 20-5890215		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	F	8.75 Add ee Required	itional 1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
0 T 000000 T 011 010 T 011				Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code)
	named entity submits this statement folions of registered agent.	or the purpose of changing its i	registered office of	or registered	d agent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typod or printed name of registered agent	hon rainstating)	DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri	,		May Be to Fees			
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/CHANGES TO OFFI	CERS AND (DIRECTORS	3 IN 11
TITLE	DVS	☐ Delete	TITLE			1	☐ Change	☐ Addition
NAME	GARFF, MATTHEW		NAME					
STREET ADDRESS	11111 SANTA MONICA BLVD S	UITE 1050	STREET ADDRESS					
CITY-ST-ZIP	LOS ANGELES, CA 90025		CITY-SI-ZIP					
TITLE	VS	Delete	TITLE				Change	Addition
NAME STREET ADDRESS	HAJDUCH, MARK 5200 TOWN CENTER CIRCLE SUITE 470 ST					l	ogo	
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	BOCA RATON FL 33486	SUITE 470	STREET ADDRESS				onengo	
TITLE	BOCA RATON, FL 33486		STREET ADDRESS CITY-ST-ZIP	DO.				⊠ Addition
TITLE NAME	BOCA RATON, FL 33486	SUITE 470	STREET ADDRESS	PO	mer. Don	1	☐ Change	⊠ Additìon
	BOCA RATON, FL 33486		STREET ADDRESS CITY-ST-ZIP TITLE	. بدا	mer Don A Government Blud	1	☐ Change	⊠ Addition
NAME	BOCA RATON, FL 33486		STREET ADDRESS CITY-ST-ZIP TITLE NAME	Kenner	A Government blue	1	☐ Change	⊠ Addition
NAME STREET ADDRESS	BOCA RATON, FL 33486		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Kenner 3938- Mobi	14 AL 36693	, Suite	Change	
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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: <u></u>

J. Michael Burgess Of- 30-07 251-666-9938