


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # K27968
 1. Entity Name
B & T EXOTIC SCENERY, INC.



Principal Place of Business 12720 SW 147 ST. MIAMI, FL 33186	Mailing Address 12720 SW 147 ST. MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0063291	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 TUCKFIELD, ILENE F., ESQ.
 12720 SW 147TH STREET
 MIAMI, FL 33186

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

U00000344577
 04/30/05-80001-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKFIELD, JACK G., JR. 12720 SW 147TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST TUCKFIELD, ILENE F. 12720 SW 147TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date 4/27/05 Daytime Phone # (305) 251-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR