


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000003959</b>	
1. Entity Name <b>BUTTS ENTERPRISES, INC.</b>	

Principal Place of Business <b>3635 N.W. 19TH STREET LAUDERDALE LAKES, FL 33311</b>	Mailing Address <b>3635 N.W. 19TH STREET LAUDERDALE LAKES, FL 33311</b>
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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>43-1967447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUTTS, TOMMIE B JR.  
6560 SW 8TH STREET  
N. LAUDERDALE, FL 33068**

*Tommie B. Butts*

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>BUTTS, TOMMIE B JR.</b>
NAME	<b>6560 SW 8TH STREET</b>
STREET ADDRESS	<b>N. LAUDERDALE, FL 33068</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>BUTTS, VERA</b>
NAME	<b>6560 SW 8TH STREET</b>
STREET ADDRESS	<b>N. LAUDERDALE, FL 33068</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>COLEMAN, SHERRY</b>
NAME	<b>2711 NW 7TH STREET</b>
STREET ADDRESS	<b>POMPANO BEACH, FL 33069</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>HUDSON, L. JAMES</b>
NAME	<b>3012 SW 11TH STREET</b>
STREET ADDRESS	<b>FT. LAUDERDALE, FL 33312</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000715486  
04/27/07-80067-017 61.25

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 617, 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: *Tommie B. Butts, Jr. (PRES)* 4-9-07 954-735-9826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOMMIE B. BUTTS, JR.