


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90076 040 ****61.25

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|--|---|--|---|---|--|
| DOCUMENT # N97000001837 1. Entity Name BT SOCIAL CLUB INC. | | | |  | |
| Principal Place of Business 2425 HARDEN BOULEVARD LOT 162 LAKELAND, FL 33803 | | | Mailing Address 2425 HARDEN BOULEVARD LOT 162 LAKELAND, FL 33803 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State | | 3. Mailing Address 2425 HARDEN BOULEVARD Suite, Apt. #, etc. LOT 56 City & State LAKELAND, FLORIDA | | | |
| Zip 33803 | | Country | | 4. FEI Number 59-3450449 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HOLIMAN, FRED 2425 HARDEN BOULEVARD LOT 162 LAKELAND, FL 33803 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <u><i>Fred Holiman</i></u> 3-6-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PP UMENSETTER, CAROL 2425 HARDEN BLVD LOT 181 LAKELAND, FL 33803 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PP CHUCK CASTOR 2425 HARDEN BLVD LOT 228 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MROCZKA, TOM LOT #44 2425 HARDEN BLVD LAKELAND, FL 33803 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV DECO WAUTERS 2425 HARDEN BLVD LOT 230 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MURRAY, ALICE LOT #72 2425 HARDEN BLVD LAKELAND, FL 33803 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HOLIMAN, LOIS 2425 HARDEN BLVD. LOT 162 LAKELAND, FL 33803 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT CHUCK SNAVELY 2425 HARDEN BLVD LOT 56 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BULLEN, ED LOT #195 2425 HARDEN BLVD LAKELAND, FL 33803 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARFIRLE, MARY LOT #243 2425 HARDEN BLVD LAKELAND, FL 33803 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>[Signature]</i></u> 3-6-08 863-221-0592 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |