FOR PROFIT CORPORATION

Feb 07, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # PO10000 13454 02-07-2002 90307 017 ***150.00 BtE Holdings, INC. 818034 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address circle 13226 FROUT BEACH RD. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State CPTY Beach, FL. PANAMA CITY Beach, FL. 59-3693793 PANAMA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32407 32408-7803 us Fee Required 7. Name and Address of Current Registered Agent BusH DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE NAME NAME STREET ADDRESS STREET ADDRESS Pavana City Beach FL. 32408 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP