


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90828 017 ***150.00

DOCUMENT # P01000116794 1. Entity Name B & T ROBBINS CORPORATION																																																					
Principal Place of Business 442 S DIXIE HWY. HOLLYWOOD, FL 33020			Mailing Address 9101 N.W. 32ND STREET CORAL SPRINGS, FL 33065																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 422 S. Dixie Hwy		3. Mailing Address Suite, Apt. #, etc. 																																																			
City & State Hollywood FL		City & State 																																																			
Zip 33020		Zip 		Country 																																																	
4. FEI Number 65-1159549																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																					
6. Name and Address of Current Registered Agent ROBBINS, TRACY 442 S. DIXIE HWY. HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Tracy Robbins Street Address (P.O. Box Number is Not Acceptable) 422 S. Dixie Hwy City Hollywood FL Zip Code 33020																																																		
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>Tracy Robbins</i></u> DATE <u>4/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> D ROBBINS, TRACY 422 S DIXIE HWY. HOLLYWOOD, FL </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBBINS, TRACY 422 S DIXIE HWY. HOLLYWOOD, FL	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> Hollywood, FL 33020 </td> <td style="width: 20%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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><i>Tracy Robbins</i></u> TRACY Robbins President <u>4/24/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					

954-658-7445