2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCUMENT # P02000010646 1. Entity Name BT MACHINE, INC.						,	ary or șta
Principal Place of Business 2815 LINCOLN STREET HOLLYWOOD, FL 33020		Mailing Address 2815 LINCOLN STREET HOLLYWOOD, FL 33020		 - 	10/10 11/00 11/00/1	1 arin a ilahi a fanc ehi	I OURIA BRIDDAL II LOOF
	O NOT WRITE	IN THIS SPA	CE	02022007 4. FEI Number 01-0593		CR2E034 (1	
6. Name and Address of Current Registered Agent BEATTIE, JOHN T 2815 LINCOLN STREET HOLLYWOOD, FL 33020					NOT W HIS SP	Transfer States	
8. The above the obligat SIGNATURE	on named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and	Ritle il applicable. (NOTE: Register	ed Agent signeture required	when reinstating)	n, in the State of Flo	rida. I am familia	ar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribu			 	.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF D BEATTIE, JOHN T 2815 LINCOLN STREET HOLLYWOOD, FL 33020	RECTORS				i00070712 107 - 3005	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAME STREET ADDRESS CITY-ST-ZIP						in diam	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		·	_	T 400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NOT W	33 A STATE OF THE REAL PROPERTY.	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS							
CITY-ST-ZIP TITLE NAME STREET ADDRESS	•	•					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

954.925.6189

Daytma Ph