2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P02000021604

Entity Name: BBTM HOSPITALITY WORLDWIDE, INC.

Current Principal Place of Business:

2300 E. LAS OLAS BLVD., STE. 500
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

2300 E. LAS OLAS BLVD., STE. 500
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 04-3673927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUGAY, STEVEN
2300 E. LAS OLAS BLVD. STE 500
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOSHIER, ANITA
Address: 875 NE 28TH STREET #206
City-St-Zip: WILTON MANORS, FL 33334

Title: V ( ) Delete
Name: TILLBERG, TOMAS
Address: 309 NE 14TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TS ( ) Delete
Name: BUGAY, STEVEN
Address: 809 SW 14TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: PICARO, GUISEDDE
Address: VIA CARNIA 57B/44
City-St-Zip: GENOVA, ITALY,

Title: D (X) Delete
Name: MOINO, MARPLETO
Address: 15552 SW 15TH STREET
City-St-Zip: DAVIE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA BOSHIER P 04/29/2005

Electronic Signature of Signing Officer or Director — Date