

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2005 8:00 am
Secretary of State**

04-28-2005 90204 043 ***150.00

DOCUMENT # P02000072818



1. Entity Name
B T T B, INC.

Principal Place of Business
6262 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569

Mailing Address

6262 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569

2. Principal Place of Business
207 MASON ST

3. Mailing Address
207 MASON ST

Suite, Apt. #, etc.
Apt 201

Suite, Apt. #, etc.
Apt 201

City & State
Brandon, FL

City & State
Brandon, FL

Zip
33511

Zip
33511

Country

6. Name and Address of Current Registered Agent

SIMMONS, DONALD
6263 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569

207 MASON ST - Apt 201
Brandon, FL 33511

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SIMMONS, DONALD J
6263 CRICKET HOLLOW DRIVE
RIVERVIEW, FL 33569

207 MASON ST
Apt 201
Brandon, FL 33511

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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Delete
TITLE
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CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald Simmons President April 26, 2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



14005258