

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2006 8:00 am**  
**Secretary of State**

09-12-2006 90008 019 \*\*\*150.00

<b>DOCUMENT # P03000036222</b>					
<b>1. Entity Name</b> NBTB, INC.					
<b>Principal Place of Business</b> 20329 US HIGHWAY 27 CLERMONT, FL 34711			<b>Mailing Address</b> 20329 US HIGHWAY 27 CLERMONT, FL 34711		
<b>2. Principal Place of Business</b> 714 Canterbury Lane Suite, Apt. #, etc.		<b>3. Mailing Address</b> 714 Canterbury Lane Suite, Apt. #, etc.			
<b>City &amp; State</b> Kissimmee FL		<b>City &amp; State</b> Kissimmee FL		<b>4. FEI Number</b> 58-2667889	
<b>Zip</b> 34741		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WILSON, MARK 20329 US HIGHWAY 27 CLERMONT, FL 34711			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE  DATE <b>9/8/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 15, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PRES WILSON, MARK W MR 714 CANTERBURY LANE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP WILSON, KAREN L MRS 714 CANTERBURY LANE KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <b>Mark Wilson</b> <b>9/8/06</b> <b>407-533-0156</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					