

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000091183			
1. Entity Name			
BTC LAND INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
PO BOX 1991			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OKEECHOBEE, FL			
Zip	Country	Zip	Country
34973-1991			
		4. FEI Number	Applied For
		20-0163775	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			
Name			
BASIL J COULE, CPA			
Street Address (P.O. Box Number is Not Acceptable)			
1480 SE 23RD ST			
		City	Zip Code
		OKEECHOBEE	34974
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 <i>Basil J Coule</i>		BASIL J COULE	4/28/2005
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			
Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			
TITLE	P.V.D.	TITLE	
NAME	TERRI COULE	NAME	
STREET ADDRESS	PO BOX 1991	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34973-1991	CITY-ST-ZIP	
TITLE	T.S.D.	TITLE	
NAME	BASIL J COULE	NAME	
STREET ADDRESS	PO BOX 1991	STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE, FL 34973-1991	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE <i>Terri Coule</i>		TERRI COULE, PRESIDENT	4/28/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
			(863) 357-1557