


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90270 025 \*\*\*150.00

<b>DOCUMENT # P03000102974</b>		
1. Entity Name <b>BTB HOLDINGS INC.</b>		

Principal Place of Business <b>719 S. OREGON AVE. #5 TAMPA, FL 33606 US</b>	Mailing Address <b>100 CARILLON PARKWAY 100 SAINT PETERSBURG, FL 33716 US</b>
--	--

2. Principal Place of Business <b>371 Channelside Walkway</b>	3. Mailing Address
--	--------------------

Suite, Apt. #, etc. <b>#1004</b>	Suite, Apt. #, etc.
-------------------------------------	---------------------

City & State <b>Tampa, Florida</b>	City & State
---------------------------------------	--------------

Zip <b>33602</b>	Country	Zip	Country
---------------------	---------	-----	---------



01042006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0234514</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>BYRD, BRANT T 719 S. OREGON AVE. #5 TAMPA, FL 33606</b>	

7. Name and Address of New Registered Agent	
Name <b>Brant T. Byrd</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>371 Channelside Walkway</b>	
#1004	
City <b>Tampa</b>	FL Zip Code <b>33602</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.

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, 2006 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	<b>P BYRD, BRANT T 719 S. OREGON AVE. #5 TAMPA, FL 33612</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>371 Channelside Walkway, #1004 Tampa, FL 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/11/2006*