


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000109841</b>					
<b>1. Entity Name</b> BUDTILLIE INC.					
<b>Principal Place of Business</b> 1808 SOUTH YOUNG CIRCLE HOLLYWOOD, FL 33020			<b>Mailing Address</b> 1808 SOUTH YOUNG CIRCLE HOLLYWOOD, FL 33020		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192007    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 20-0282414				Applied For <input type="checkbox"/> Not Applicable	
<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>			<b>7. Name and Address of New Registered Agent</b>		
COCUZZA, DENISE 1808 S. YOUNG CIRCLE HOLLYWOOD, FL 33020			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<input type="checkbox"/> Delete		<b>TITLE</b> U00000741793	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> COCUZZA, DENISE			<b>NAME</b> 05/15/07-80044-013 150.00		
<b>STREET ADDRESS</b> 1808 SOUTH YOUNG CIRCLE			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33020			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> HARTLEY, ROBERT SR.			<b>NAME</b> STREET ADDRESS		
<b>STREET ADDRESS</b> 1808 SOUTH YOUNG CIRCLE			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33020			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP		
<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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/19/07    954-921-1147 <small>Date    Daytime Phone #</small>		