2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# P03000147224

Entity Name: BULK TRANSFER SYSTEMS, INC.

Current Principal Place of Business:

14923 64TH CT N.
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

14923 64TH CT N.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-0471401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGH, MARILYN
842 ROYAL PALM BCH BLVD
ROYAL PALM BCH, FL 33411 US

Name and Address of New Registered Agent:

JOHNSON, ROCKWELL
14923 64TH CT N.
LOXAHATCHEE, FL 33470 US

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.

SIGNATURE: ROCKWELL JOHNSON 08/30/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete
Name: JOHNSON, ROCKWELL
Address: 5240 NW 94 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: T ( ) Delete
Name: JOHNSON, ROCKWELL
Address: 5240 NW 94 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete
Name: VELEZ, FELIBERTO
Address: 1701 NJ STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D (X) Delete
Name: GASKIN, TOMMY
Address: 5111 CARIBBEAN BLVD, APT 216
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Delete
Name: BUTLER, WILLIAM M
Address: 11857 MURCOTT BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: JOHNSON, ROCKWELL
Address: 14923 64TH CT N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SEC (X) Change ( ) Addition
Name: JOHNSON, BARBARA
Address: 14923 64TH CT N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCKWELL JOHNSON DPT 08/30/2005
Electronic Signature of Signing Officer or Director Date