2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2005
Secretary of State

DOCUMENT# P04000017665

Entity Name: BT EXPRESS, INC.

Current Principal Place of Business:

181 SW PALM DRIVE
#101
PORT ST LUCIE, FL 34986

New Principal Place of Business:

5924 NW CONUS STREET
PORT ST LUCIE, FL 34986

Current Mailing Address:

181 SW PALM DRIVE
#101
PORT ST LUCIE, FL 34986

New Mailing Address:

P.O. BOX 881764
PORT ST LUCIE, FL 34988

FEI Number: 57-1196577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOEHLKE, WILLIAM R
181 SW PALM DRIVE
#101
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

KOEHLKE, WILLIAM R
5924 NW CONUS STREET
PORT ST LUCIE, FL 34986 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: 02/20/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOEHLKE, WILLIAM R
Address: 181 SW PALM DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VD ( ) Delete
Name: KOEHLKE, TERRIE K
Address: 181 SW PALM DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KOEHLKE, WILLIAM R
Address: 5924 NW CONUS STREET
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VD (X) Change ( ) Addition
Name: KOEHLKE, TERRI K
Address: 5924 NW CONUS STREET
City-St-Zip: PORT ST LUCIE, FL 34986

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: TERRI K. KOEHLKE VD 02/20/2005
Electronic Signature of Signing Officer or Director — Date