2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 01, 2005 8:00 am Secretary of State

1. Entity Name SBT, INC.				02-01-2005 90027 004 ***150.00				
Principal Place 506 TUSCANI BRANDON, FL	NY ST.	Mailing Address 506 TUSCANNY ST. BRANDON, FL 33511	US			BIRI STB11 SS111 SS111 SS11		 20 1 1 20
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01232005	Chg-P	CR2E034 (10/03)	
City & State		City & State	City & State		4. FEI Number	5764131		oplied For ot Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of C	Current Registered Agent			7. Name and A	Address of New R	legistered Agent	
(AINDE D	ONALD:			Name				.
KUNDE, RONALD				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	e
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.								and accept
SIGNATURE								
	Signature, typed or printed name of registe	ered agent and title if applicable. (NC	TE: Registered	Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5 Trust Fund Contribution. Add								·
10.	OFFICER	RS AND DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTOR	
10.	-	10 AND DINECTORS			70011101137			S IN 11
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/38/05 813-655-1574