2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# P05000063103

Entity Name: BTG INVESTMENTS OKB1, INC.

Current Principal Place of Business:

3617 CROWN POINT RD SUITE 2
JACKSONVILLE, FL 32257

New Principal Place of Business:

3617 CROWN POINT RD SUITE 10
JACKSONVILLE, FL 32257

Current Mailing Address:

3617 CROWN POINT RD SUITE 2
JACKSONVILLE, FL 32257

New Mailing Address:

PO BOX 57487
JACKSONVILLE, FL 322417487

FEI Number: 20-2708790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD SUITE 2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD SUITE 10
JACKSONVILLE, FL 32257 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: MEREDITH ALLEN HERNANDEZ 03/17/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOLEY, BRET
Address: PO BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

Title: DT ( ) Delete
Name: POWERS, GAYLON
Address: PO BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

Title: DS ( ) Delete
Name: NELSON, TODD
Address: PO BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOLEY, BRET
Address: PO BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

Title: DT (X) Change ( ) Addition
Name: POWERS, GAYLON
Address: PO BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

Title: DS (X) Change ( ) Addition
Name: NELSON, TODD
Address: PO BOX 57487
City-St-Zip: JACKSONVILLE, FL 322417487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BRET FOLEY PD 03/17/2006
Electronic Signature of Signing Officer or Director Date