2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063103

City-St-Zip:

JACKSONVILLE, FL 322417487

FILED Apr 29, 2008 Secretary of State

Entity Nai	me: BTGINV	'ESTMENTS OKB1, INC.				
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
3617 CROWN POINT RD SUITE 10 JACKSONVILLE, FL 32257				3617 CROWN POINT RD SUITE 2 JACKSONVILLE, FL 32257		
Current M	lailing Addre	ss:	New Mailin	New Mailing Address:		
PO BOX 5 JACKSON	7487 IVILLE, FL 32	2417487				
FEI Number: 20-2708790 FEI Number Applied For ()		FEI Number Not Applic	cable () Certificate o	f Status Desired ()		
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:		
3617 CRO	DEZ, MEREDI WN POINT R IVILLE, FL 32	D SUITE 10	3617 CROV	HERNANDEZ, MEREDITH A 3617 CROWN POINT RD SUITE 2 JACKSONVILLE, FL 32257 US		
	named entity e of Florida.	submits this statement for the	purpose of changing its	s registered office or regis	stered agent, or both,	
SIGNATUR	RE: MEREDI	TH ALLEN HERNANDEZ		04/29/2008		
	Electro	nic Signature of Registered Ag	jent	Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS	S AND DIREC	CTORS:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FOLEY, BRET PO BOX 5748		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address: City-St-Zip:	POWERS, GA PO BOX 5748		Title: Name: Address: City-St-Zip:	() Change () A	ddition	
Title: Name: Address:	DS (NELSON, TOE PO BOX 5748		Title: Name: Address:	() Change () A	ddition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: BRET FOLEY Ρ 04/29/2008