

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063103

FILED  
May 08, 2009  
Secretary of State

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:

7800 BELFORT PARKWAY  
SUITE 290  
JACKSONVILLE, FL 32256

## Current Mailing Address:

PO BOX 57487  
JACKSONVILLE, FL 322417487

## New Mailing Address:

7800 BELFORT PARKWAY  
SUITE 290  
JACKSONVILLE, FL 32256

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:

NELSON, TODD  
7800 BELFORT PARKWAY  
SUITE 290  
JACKSONVILLE, FL 32256 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: TODD NELSON

05/08/2009

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: PD ( ) Delete  
Name: FOLEY, BRET  
Address: PO BOX 57487  
City-St-Zip: JACKSONVILLE, FL 322417487

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FOLEY, BRET  
Address: 7800 BELFORT PARKWAY, SUITE 290  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT (X) Change ( ) Addition  
Name: POWERS, GAYLON  
Address: 7800 BELFORT PARKWAY, SUITE 290  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS (X) Change ( ) Addition  
Name: NELSON, TODD  
Address: 7800 BELFORT PARKWAY, SUITE 290  
City-St-Zip: JACKSONVILLE, FL 32256

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.

SIGNATURE: TODD NELSON

DS

05/08/2009

Electronic Signature of Signing Officer or Director

Date