2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085225

Entity Name: BTS TRANSPORTATION, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1209 OAK LEAF COURT MINNEOLA, FL 34715

Current Mailing Address: New Mailing Address:

1209 OAK LEAF COURT MINNEOLA, FL 34715

FEI Number: 20-2991737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEEN, ROBERT A

1209 OAK LEAF COURT
MINNEOLA, FL 34715 US

STEEN, TAMMY D

1209 OAK LEAF COURT
MINNEOLA, FL 34715 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: TAMMY D. STEEN 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: P (X) Change () Addition
Name: STEEN, ROBERT A Name: STEEN, ROBERT A
Address: 1209 OAK LEAF COURT Address: 1209 OAK LEAF COURT

 Address:
 1209 OAK LEAF COURT
 Address:
 1209 OAK LEAF COURT

 City-St-Zip:
 MINNEOLA, FL 34715
 City-St-Zip:
 MINNEOLA, FL 34715

Title: VPT () Delete Title: S (X) Change () Addition
Name: STEEN TAMMY D Name: STEEN TAMMY D

 Name:
 STEEN, TAMMY D
 Name:
 STEEN, TAMMY D

 Address:
 1209 OAK LEAF COURT
 Address:
 1209 OAK LEAF COURT

 City-St-Zip:
 MINNEOLA, FL 34715
 City-St-Zip:
 MINNEOLA, FL 34715

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 STEEN, CARL G

 Address:
 Address:
 ROUTE 1 BOX 272

 City-St-Zip:
 City-St-Zip:
 LUDOWICI, GA 31316

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 STEEN, JO E

 Address:
 Address:
 ROUTE 1 BOX 272

 City-St-Zip:
 City-St-Zip:
 LUDOWICI, GA 31316

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: TAMMY D. STEEN S 04/29/2008