

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000121692			
1. Entity Name BTS DEVELOPMENT GROUP, INC.			
Principal Place of Business 7563 PHILIPS HWY BLDG 500 JACKSONVILLE, FL 32256	Mailing Address 7563 PHILIPS HWY BLDG 500 JACKSONVILLE, FL 32256		
DO NOT WRITE IN THIS SPACE			
		01172007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-3458870	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
FRAZIER, W. ROBINSON 1515 RIVERSIDE AVE SUITE A JACKSONVILLE, FL 32204		DO NOT WRITE IN THIS SPACE	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000622753 02/13/07-80039-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUCE, MICHAEL T 2313 W. OCEANFOREST DR. ATLANTIC BEACH, FL 32233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, GRAHAM M 4638 DAVINCI AVE. JACKSONVILLE, FL 32210		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TERRELL, JAMES C 4326 BOAT CLUB DR. JACKSONVILLE, FL 32277		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		1.22.07 (904) 296.5701	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	