


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90107 023 ***150.00

DOCUMENT # P05000124014	
1. Entity Name B & T MACHINERY, INC.	

Principal Place of Business 5207 CR 114D WILDWOOD, FL 34785	Mailing Address 5207 CR 114D WILDWOOD, FL 34785
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2. Principal Place of Business 9265 SE 128th PL	3. Mailing Address 9265 SE 128th PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Summerfield FL	City & State Summerfield, FL
Zip 34491	Zip 34491
Country Marion	Country Marion



02062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent WILLIAM, PECK 5207 CR 114D WILDWOOD, FL 34785	
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7. Name and Address of New Registered Agent	
Name William Peck	
Street Address (P.O. Box Number is Not Acceptable) 9265 SE 128th PL	
City Summerfield	FL Zip Code 34491

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 *William Peck* DATE 2/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME PECK, CORA	
STREET ADDRESS 5207 CR 114D	
CITY - ST - ZIP WILDWOOD, FL 34785	
TITLE V	<input type="checkbox"/> Delete
NAME PECK, WILLIAM	
STREET ADDRESS 5207 CR 114D	
CITY - ST - ZIP WILDWOOD, FL 34785	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PECK, CORA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 9265 SE 128th PL	
STREET ADDRESS Summerfield, FL 34491	
CITY - ST - ZIP	
TITLE Peck, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 9265 SE 128th PL	
STREET ADDRESS Summerfield, FL 34491	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *William Peck* **William Peck** 2/21/06 352 516 8957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #