2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000126190

Entity Name: BTM USA, CORP.

FILED Apr 30, 2008 Secretary of State

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

12955 BISCAYNE BLVD 1920 EAST HALLANDALE BEACH BOULEVARD

SUITE 202 SUITE 802

NORTH MIAMI, FL 33181 HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

12955 BISCAYNE BLVD 1920 EAST HALLANDALE BEACH BOULEVARD

SUITE 202 SUITE 802

NORTH MIAMI, FL 33181 HALLANDALE, FL 33009

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

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

POMERANZ, MARK L POMERANZ, MARK L

12955 BISCAYNE BLVD 1920 EAST HALLANDALE BEACH BOULEVARD

SUITE 202 SUITE 802

NORTH MIAMI, FL 33181 US HALLANDALE, FL 33009 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: MARK L. POMERANZ 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: PERCY, ARTHUR Name: PERCY, ARTHUR

Address: 12955 BISCAYNE BOULEVARD, #202 Address: 1920 EAST HALLANDALE BEACH BOULEVARD, #802

City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: HALLANDALE, FL 33009

Name: POMERANZ, MARK L Name: POMERANZ, MARK L

Address: 12955 BISCAYNE BOULEVARD, #202 Address: 1920 EAST HALLANDALE BEACH BOULEVARD, #802

City-St-Zip: NORTH MIAMI, FL 33181 US City-St-Zip: HALLANDALE, FL 33009 US

Name: HANGER, GARY Name: HANGER, GARY

Address: 12955 BISCAYNE BOULEVARD, #202 Address: 1920 EAST HALLANDALE BEACH BOULEVARD, #802

City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: HALLANDALE, FL 33009

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: MARK L. POMERANZ CO-P 04/30/2008