2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 17, 2008
Secretary of State

DOCUMENT# P06000026868

Entity Name: BBT MANAGEMENT INC.

Current Principal Place of Business:

7005 N. WATERWAY DRIVE
SUITE 305
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

230 SW 159 WAY
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 20-4359988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, TIMOTHY
7005 N. WATERWAY DRIVE
SUITE 305
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, TIMOTHY S
Address: 7005 N. WATERWAY DRIVE, 305
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete
Name: JONES, TIMOTHY S
Address: 7005 N. WATERWAY DRIVE, 305
City-St-Zip: MIAMI, FL 33155

Title: SEC ( ) Delete
Name: JONES, TIMOTHY S
Address: 7005 N. WATERWAY DRIVE, 305
City-St-Zip: MIAMI, FL 33155

Title: TR ( ) Delete
Name: JONES, TIMOTHY S
Address: 7005 N. WATERWAY DRIVE, 305
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JONES, MARY F
Address: 230 SW 159TH WAY
City-St-Zip: SUNRISE, FL 33326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY S. JONES VP 10/17/2008

Electronic Signature of Signing Officer or Director — Date