

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052222

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: BUSINESS TECHNOLOGY GROUP, INC.

## Current Principal Place of Business:

7800 BELFORT PKWY  
SUITE 290  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 57487  
JACKSONVILLE, FL 322417487 US

## New Mailing Address:

FEI Number: 59-3327860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD  
SUITE # 10  
JACKSONVILLE, FL 32257 US

## Name and Address of New Registered Agent:

HERNANDEZ, MEREDITH A  
3617 CROWN POINT ROAD  
SUITE # 2  
JACKSONVILLE, FL 32257 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: MEREDITH ALLEN HERNANDEZ

04/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: POWERS, GAYLON K  
Address: 7901 MOUNT RANIER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: NELSON, TODD C  
Address: 13784 ALESBURY COURT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete  
Name: FOLEY, BRET S  
Address: 13068 CHELSEA HARBOR DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: POWERS, GAYLON K  
Address: PO BOX 57487  
City-St-Zip: JACKSONVILLE, FL 32241

Title: D (X) Change ( ) Addition  
Name: NELSON, TODD C  
Address: PO BOX 57487  
City-St-Zip: JACKSONVILLE, FL 32241

Title: D (X) Change ( ) Addition  
Name: FOLEY, BRET S  
Address: PO BOX 57487  
City-St-Zip: JACKSONVILLE, FL 32241

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: GAYLON POWERS

D

04/06/2008

Electronic Signature of Signing Officer or Director

Date