



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90057 032 \*\*\*150.00

<b>DOCUMENT # P95000060655</b> 1. Entity Name <b>B.T. BUSINESS MACHINES, INC.</b>					
Principal Place of Business <b>6250 N MILITARY TR SUITE 101 WEST PALM BEACH, FL 33407-7419 US</b>			Mailing Address <b>6250 N MILITARY TR SUITE 101 WEST PALM BEACH, FL 33407-7419 US</b>		
2. Principal Place of Business - No P.O. Box # <b>8862 SE Retreat Dr.</b>		3. Mailing Address <b>8862 SE Retreat Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04112007    Chg-P    CR2E034 (12/06)	
City & State <b>Hobe Sound, FL</b>		City & State <b>Hobe Sound, FL</b>		4. FEI Number <b>65-0642067</b>	
Zip <b>33455</b>		Country <b>Martin</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TIRILLO, ATTILIO 6832 BIG CYPRESS DR. JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name <b>Tirillo, Attilio</b> Street Address (P.O. Box Numbers Not Acceptable) <b>8862 SE Retreat Dr.</b> City <b>Hobe Sound</b> <b>FL</b> Zip Code <b>33455</b>	
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)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> </div> </div>					
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	TIRILLO, ATTILIO		NAME		
STREET ADDRESS	8862 SE RETREAT DR		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		
NAME	TIRILLO, BETTY M		NAME		
STREET ADDRESS	8862 SE RETREAT DR		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	BRACKETT, ROSANNA		NAME		
STREET ADDRESS	130 BEACH HILL RD		STREET ADDRESS		
CITY-ST-ZIP	MONT VERNON, NH 03057		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		
NAME	BAYLISS, LOUISA		NAME		
STREET ADDRESS	14771 64TH WAY NO		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: <u>Betty Tirillo, VPD Betty Tirillo</u>    04/13/07    772-545-9419</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					