2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P95000082467 04-27-2007 90192 028 ***150.00 BARTENDERS TRAINING INSTITUTE OF AMERICA -BTIA, INC. Principal Place of Business Mailing Address 445 BRAZILIAN AVE 445 BRAZILIAN AVE PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No PO Box # 3. Mailing Address 249 PERUVIAN AVE P.O. BOX 2951 Suite, Apt. #, etc. Suite, Apt. #. etc 03172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3525395 Not Applicable PALM BEACH PALM BEACH Country Country ^Z33480 \$8.75 Additional á'3480 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLANTZ, RONALD P Street Address (P.O. Box Number is Not Acceptable) 7951 SW 6TH STREET 100 PLANTATION, FL 33324 City Zip Code FL 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, typod or printegrame of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mu ☐ Delete TITLE Change Addition OHANNESSIAN, PATRICK DAME NAME P.O. BOX 2951 445 BRAZILIAN AVE STREET ADDRESS STHLET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 . D. ST-2IP PALM BEACH, FL 33480 ☐ Delete ☐ Channe ■ Addition TITLE 101 OHANNESSIAN, ANTOINE NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2951 CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DAME HAME STREET ADDRESS SPHEET ADDRESS . IIV - S1 - ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete 44-1 19746 STREET ADDRESS STREET ADDRESS UTY ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe Addition 11.1 DAME NAME STREET ADDRESS CTREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Addition mer

12. Thereby 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 of suppliemental 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 register 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 attackment with an attackment with an attackment with an attackment of the corporation of the corporation of the register.

PATRICK OHAMNECETAM PATRICK.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STHEFT ADDRESS CITY - ST - ZIP

OHANNESSIAN 3/23/2007 561-832-2644

Date

FILED

Daytime Phone #