2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 02, 2008 08:00 AN Secretary of State

	OCUMENT	#	P97	000	0022	2069
1.	Entity Name					

B.C.T.C., INC.



Principal Place of Business

5216 NORTHWEST 18TH COURT SUITE 14

LAUDERHILL, FL 33313 US

Mailing Address

PO BOX 5845

FT LAUDERDALE, FL 33310

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0734941

04292008

Applied For Not Applicable

5. Certificate of Status Desired .

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, JULIAN A 5216 NW 18TH CT -J4 LAUDERHILL, FL 33313

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	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accep	ı	
SIGNATURE	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Re	gistered Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000945648 05/30/08-80015-025 150.00	-	
10.	OFFICERS AND DIREC	TORS		!	. ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JULIAN A 5216 NW 18TH CT -J4 LAUDERHILL, FL 33313			•			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Davtime Phone #