


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000022069		
1. Entity Name B.C.T.C., INC.		

FILED
08 AUG 25 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5216 NORTHWEST 18TH COURT SUITE J4 LAUDERHILL, FL 33313 US	Mailing Address PO BOX 5845 FT LAUDERDALE, FL 33310 US
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2. Principal Place of Business - No P.O. Box # 1800 NW 55 Ave Suite, Apt. #, etc. U4	3. Mailing Address P.O. Box 5845 Suite, Apt. #, etc.
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08162008 Chg-P CR2E034 (12/06)

City & State Lauderhill Florida	City & State FtLauderdale
Zip 33313	Country US
Zip 33310	Country US

4. FEI Number 65-0734941	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BROWN, JULIAN A 5216 NW 18TH CT J4 LAUDERHILL, FL 33313	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Brown, Julian A. Street Address (P.O. Box Number is Not Acceptable) 1800 N.W. 55 Ave U4 Lauderhill City FL Zip Code 33313	
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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 <i>J.A. Brown Sr.</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 8-18-08. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JULIAN A 5216 NW 18TH CT J4 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brown, Julian A.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600135603336 09/09/08-01027-013 ***\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>J.A. Brown Sr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 8-18-08. Date	Daytime Phone #
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