


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State


05-01-2006 90436 016 ***150.00

DOCUMENT # 835192
 1. Entity Name
BRITISH AIRWAYS PLC CORPORATION



Principal Place of Business Mailing Address
 75-20 ASTORIA BLVD. 75-20 ASTORIA BLVD.
 JACKSON HEIGHTS, NY 11370 US JACKSON HEIGHTS, NY 11370 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



04272006 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
13-1546240 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	EDDINGTON, RODERICK	
STREET ADDRESS	LONDON HEATHROW AIRPORT	
CITY-ST-ZIP	LONDON, ENGLAND,	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, C.	
STREET ADDRESS	LONDON HEATHROW AIRPORT	
CITY-ST-ZIP	LONDON, ENGLAND,	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, COLIN	
STREET ADDRESS	LONDON HEATHROW AIRPORT	
CITY-ST-ZIP	LONDON, ENGLAND,	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, D.	
STREET ADDRESS	LONDON HEATHROW AIRPORT	
CITY-ST-ZIP	LONDON, ENGLAND,	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	COHEN, B	
STREET ADDRESS	75-20 ASTORIA BLVD	
CITY-ST-ZIP	JACKSON HTS, NY 11370	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIES, M	
STREET ADDRESS	LONDON HEATHRWO AIRPORT	
CITY-ST-ZIP	LONDON, EN	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walsh William	
STREET ADDRESS	London Heathrow Airport	
CITY-ST-ZIP	London, England	
TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Broughton, Martin	
STREET ADDRESS	London Heathrow Airport	
CITY-ST-ZIP	London, England	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George, Martin	
STREET ADDRESS	London Heathrow Airport	
CITY-ST-ZIP	London, England	
TITLE	RFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keith Williams	
STREET ADDRESS	London Heathrow Airport	
CITY-ST-ZIP	London, England	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Ross Smart	
STREET ADDRESS	London Heathrow Airport	
CITY-ST-ZIP	London, England	

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: Barbara E. H. Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR