

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 031 ***150.00

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02272006 Chg-P CR2E034 (11/05)

4. FEI Number **98-0048536** Applied For ☐ 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 DATE

Signature: Typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when changing)

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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
S	MAINS, THOMAS GORDON	BRIDGWATER ROAD, BEDMINSTER DOWN	BRISTOL, UK BS138AR	<input type="checkbox"/>
D	CHALMERS, MARTIN	BRIDGWATER ROAD, BEDMINSTER DOWN	BRISTOL, UK BS138AR	<input checked="" type="checkbox"/>
AS/D	BROWN, CHARLES	THE PAVILIONS, BRIDGWATER ROAD, BEDMINSTER	BRISTOL, UK BS138AR	<input checked="" type="checkbox"/>
D	LYSTER, PETER	THE PAVILIONS, BRIDGWATER ROAD, BEDMINSTER	BRISTOL, UK BS138AR	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
D	FitzSimons, Ian	5, FIELDING ROAD	LONDON, W4 1HP	<input type="checkbox"/>	<input type="checkbox"/>
D	Schofield, Anthony	LOMOND HOUSE, 9 ZETLAND PLACE	EDINBURGH EH5 3HU	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22/3/06

Date

Daytime Phone #