


**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F07000005513 1. Entity Name JAMES DOWNTON LIMITED COMPANY		
Principal Place of Business BASEMENT, 35A RUSSELL ROAD LONDON, W14 8HU U.K.,		Mailing Address BASEMENT, 35A RUSSELL ROAD LONDON, W14 8HU U.K.,
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 20 N. ORANGE AVENUE Suite 600	
City & State	City & State ORLANDO, FL	
Zip	Country	Zip 32801
6. Name and Address of Current Registered Agent HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete CURTIS, PETA ANN BASEMENT, 35A RUSSELL ROAD LONDON, W14 8HU U.K.,	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HOBBS, JESSICA BASEMENT, 35A RUSSELL ROAD LONDON, W14 8HU U.K.,	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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: <u>Peta Curtis</u> PETA CURTIS		Date: <u>02/20/08</u> Daytime Phone #: <u>+44(0)1403 791088</u>

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