

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005625

**FILED**  
**Mar 12, 2009**  
**Secretary of State**

**Entity Name:** BUSINESS ADMINISTRATION & TECHNICAL SERVICES LTD COMPANY

**Current Principal Place of Business:**

17 SHELLEY CRESCENT  
HESTON, MIDDLESEX, UK TW5 9BQ,

**New Principal Place of Business:**

17 SHELLEY CRESCENT  
HESTON, MIDDLESEX, OC TW5 9BQ UK

**Current Mailing Address:**

17 SHELLEY CRESCENT  
HESTON, MIDDLESEX, UK TW5 9BQ,

**New Mailing Address:**

17 SHELLEY CRESCENT  
HESTON, MIDDLESEX, OC TW5 9BQ UK

FEI Number: 98-0522291

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDRY, STONER, CALANDRINO & BROWN, PA  
20 N. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

HENDRY, STONER & BROWN, P.A.  
20 N. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801 US

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.

SIGNATURE: HENDRY, STONER & BROWN, P.A.

03/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MISTRY, SHARADCHANDRA  
Address: 17 SHELLEY CRESCENT  
City-St-Zip: HESTON, MIDDLESEX, UK TW5 9BQ,

Title: S ( ) Delete  
Name: SHARADCHANDRA MISTRY, BHAGWATI  
Address: 17 SHELLEY CRESCENT  
City-St-Zip: HESTON, MIDDLESEX, UK TW5 9BQ,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MISTRY, SHARADCHANDRA  
Address: 17 SHELLEY CRESCENT  
City-St-Zip: HESTON, MIDDLESEX, OC TW5 9BQ UK

Title: S (X) Change ( ) Addition  
Name: SHARADCHANDRA MISTRY, BHAGWATI  
Address: 17 SHELLEY CRESCENT  
City-St-Zip: HESTON, MIDDLESEX, OC TW5 9BQ UK

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MISTRY SHARADCHANDRA

D

03/12/2009

Electronic Signature of Signing Officer or Director

Date