

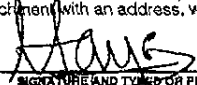


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F66655 1. Entity Name BRITISH TOURIST, INC.					
Principal Place of Business 10130 WOODBURY CT PEMBROKE PINES, FL 33026 US		Mailing Address 10130 WOODBURY CT PEMBROKE PINES, FL 33026 US			
DO NOT WRITE IN THIS SPACE					
				 01042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2208286		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAYES, MICHAEL 10130 WOODBURY CT PEMBROKE PINES, FL 33026				DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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				U00000173357 01/07/05-80014-019 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	PD				
NAME	HAYES, MICHAEL				
STREET ADDRESS	10130 WOODBURY CT				
CITY-ST-ZIP	PEMBROKE PINE, FL 330267				
TITLE	TD				
NAME	HAYES, JUANA VICTORIA				
STREET ADDRESS	10130 WOODBURY CT				
CITY-ST-ZIP	PEMBROKE PINES, FL 33026				
TITLE	VS				
NAME	HAYES, JUANA VICTORIA				
STREET ADDRESS	10130 WOODBURY CT				
CITY-ST-ZIP	PEMBROKE PINES, FL 33026				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		MICHAEL HAYES, PRESIDENT		1/5/05 954-442-3709	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	