


ANNUAL REPORT

FILED

Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90056 005 ***150.00

DOCUMENT # J82484 1. Entity Name DIVERSIFIED BRITISH, INC.	
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Principal Place of Business 109 ROYAL PARK DRIVE #3H ATTN: JAMES QUINTANO OAKLAND PARK, FL 33309 US	Mailing Address P O BOX 1871 DANIA, FL 33004
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2. Principal Place of Business 5021 NW 76 PLACE Suite, Apt. #, etc.	3. Mailing Address PO BOX 1871 Suite, Apt. #, etc.
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City & State POMPANO BEACH FL	City & State DANIA FL
Zip 33073	Country USA
Zip 33004	Country USA



01232005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0407018	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARR, HELEN, QUINTANO 5021 NW 76 PLACE COCONUT CREEK, FL 33073

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <u>H BARR</u> DATE: <u>1/24/05</u> <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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, HELEN Q 5021 NW 76 PLACE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D BARR, ELIZABETH HELEN 5021 NW 76 PLACE COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANO, JAMES L 109 ROYAL PARK DRIVE #3H OAKLAND PARK, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/I/T/D QUINTANO, JAMES L 109 ROYAL PARK DRIVE #3H OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANO, KYLE A 5021 NW 76 PLACE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>H BARR</u> DATE: <u>1/24/05</u>
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