

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91522 007 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000070216</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                 |
| 1. Entity Name<br><b>BRITISH LOANS ABROAD, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                  |
| Principal Place of Business<br><b>590 N. SEMORAN BLVD.<br/>ORLANDO, FL 32807</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | Mailing Address<br><b>590 N. SEMORAN BLVD.<br/>ORLANDO, FL 32807</b>                                             |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   | 3. Mailing Address<br><b>751 PINE MEADOWS RD</b>                                                                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | Suite, Apt. #, etc.                                                                                              |
| City & State<br><b>ORLANDO, FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | 4. FEI Number<br><b>41-2049491</b>                                                                               |
| Zip<br><b>32825</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country<br><b>USA</b>                                                                             | Applied For<br><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<br><b>COOLEY, R. EDWARD<br/>1460 SR 434 WEST<br/>SUITE 200<br/>LONGWOOD, FL 32750</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | 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 _____ (NOTE: Registered Agent signature required when addressing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                  |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                  |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                  |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>ALLEN, MARK L<br>590 N. SEMORAN BLVD.<br>ORLANDO, FL 32807 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STD<br>ALLEN, ANNE M<br>590 N. SEMORAN BLVD.<br>ORLANDO, FL 32807 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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 the address with all other like information. |                                                                                                   |                                                                                                                  |
| SIGNATURE: <u>Mark L. Allen</u> <b>MARK L. ALLEN 4-22-03 321-689-8000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                  |