

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107554

FILED
Jan 19, 2004
Secretary of State

Entity Name: BRITCARE PROPERTIES INTL., INC.

Current Principal Place of Business:

2858 S DOCKSIDE DRIVE
AVON PARK, FL 338256008

New Principal Place of Business:

Current Mailing Address:

2858 S DOCKSIDE DRIVE
AVON PARK, FL 338256008

New Mailing Address:

FEI Number: 55-0799263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKMORE, PETER
2858 S DOCKSIDE DRIVE
AVON PARK, FL 338256008

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACKMORE, PETER
Address: 2858 S DOCKSIDE DRIVE
City-St-Zip: AVON PARK, FL 338256008

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLACKMORE, PETER R
Address: 2858 S DOCKSIDE DRIVE
City-St-Zip: AVON PARK, FL 338256008

Title: D () Change (X) Addition
Name: BLACKMORE, SYLVIA
Address: 2858 S DOCKSIDE DR
City-St-Zip: AVON PARK, FL 338256008

I hereby certify that the information supplied with this filing does not qualify for the 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 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: [ETER R. BLACKMORE

D

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date