

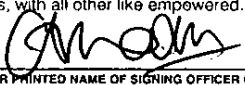


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000167638 1. Entity Name BELTANA CONSULTANTS LIMITED, INC						FILED 05 SEP 23 AM 11:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2301 ROCHELLE AVENUE KISSIMMEE, FL 34746 US				Mailing Address 11 BURNASTON CREST MONKSPATH SOMHULL UNITED KINGDOM B90 4LT, XX			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 11, BURNASTON CRESCENT Suite, Apt. #, etc. MONKSPATH City & State SOMHULL Zip B90 4LT		Country U.K.		4. FEI Number 59-1945893	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		08292005 Chg-P CR2E034 (10/03)		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, ROBERT E 2301 ROCHELLE AVENUE KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name James Accounting Inc Street Address (P.O. Box Number is Not Acceptable) 822 WEST 10TH STREET AS Block 6 City KISSIMMEE FL Zip Code 34741			
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 				DATE 13 SEPT. 2005			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME MARTIN, ROBERT E STREET ADDRESS 2301 ROCHELLE AVENUE CITY-ST-ZIP KISSIMMEE, FL 34746				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME MARTIN, CAROLE A STREET ADDRESS 2301 ROCHELLE AVENUE CITY-ST-ZIP KISSIMMEE, FL 34746				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 100059748851 CITY-ST-ZIP 09/19/05--01058--022 **150.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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: 				DATE 13 SEPT. 2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			