2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ATURE AND TYPED OR PRIN

Jan 07, 2005 08:00 AM **DOCUMENT # V08146 Secretary of State** 1. Entity Name BRITISH AMERICAN TRANSFER, INC. Principal Place of Business 🗓 Mailing Address 7630 MATOAKA RD 7630 MATOAKA RD SARASOTA, FL 34236 LUS . -SARASOTA, FL 34236 US No Chg-P CR2E034 (10/03) 01052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-2010359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REINICKE, STEPHANIE A DO NOT WRITE 1800 2ND STREET SUITE 803 IN THIS SPACE SARASOTA, FL 34236 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 Signature, typed or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 100000173499 10. 01/07/05-\$0020-020 150.00 TITLE THOMPSON, PETER J MAME STREET ADDRESS 1640 HUDSON POINTE DR CITY-ST-ZIP SARASOTA, FL 34236 TITLE NAME STREET ADDRESS CITY-ST-ZIP greky kindy sipidypanajamanajajaka et koronor TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP malijah such hikumakarkipseva a mare vede TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED