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Please complete in typescript, or in bold black capitals.

Annual Return

CHFP000

Company number

Company name in full

552466	,4
ALLHADS	KEVELOPHENTS

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Date of this return

The information in this return is made up to

Month

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

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Month

Day

Registered Office

Show here the address at the date of this return

Any change of registered office must be notified on form 287

Post town

County/Region

UK Postcode

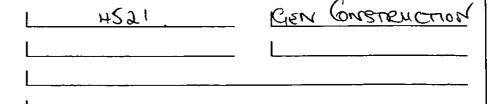
10-12 DUNBAVEN PLACE

Year

Principal business activities

Show trade classification code number(s) for the principal activity or activities

If the code number cannot be determined, give a brief description of principal activity



05/12/2008 COMPANIES HOUSE 392

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England or Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX ED235 Edinburgh 1 For companies registered in Scotland

DX 33050 Cardiff

or LP-4 Edinburgh 2

Register of members If the register of members is not kept at the registered office, state here where it is kep Post County/Re	townegion
Register of Debenture holders If there is a register of debenture holders, duplicate of any such register or part of it, vis not kept at the registered office, state he where it is kept Post County/Re	which re town
Company type	
Public limited company	
Private company limited by shares	
Private company limited by guarar share capital	itee without
Private company limited by shares section 30 Private company limited by guarar under section 30	ntee exempt
Private unlimited company with sh	are capital
Private unlimited company without	share capital
Company Secretary	Details of a new company secretary must be notified on form 288a
*Voluntary details (Please photocopy this area to provide Name *St	yle/Title MR
details of joint	name(s) PAUL
†† Tick the box if the	urname WEBBER.
address shown is a service address for the beneficiary of a Add	Iress # 1 ARMOWD AVE
Confidentiality Order granted under section 723B of the Companies	LLANRUMNEY
Act 1985. Otherwise, give your usual Po	ost town CARDIFF
residential address. In the case of a corporation or Scottish firm, give the	Region
registered or principal office address. UK Po	Region CESLS PP
If a partnership, give the	Country

Page 2

Directors Please list the directors * Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
In the case of a director that is a corporation or a	Name *Style/Title	MR.
Scottish firm, the name is the		Day Month Year
corporate or firm name	Date of birth	1014,1018,1191512
	Forename(s)	KEITH MARIO
†† Tick the box if the	Surname	L'ESTICCIO
address shown is a service address for the beneficiary of a	Address ††	192 EIGAR CRESCENT.
Confidentiality Order granted under section	,	LLANRUMNET
723B of the Companie Act 1985. Otherwise, give your usual		
residential address. It	n County/Region	
corporation or Scottis firm, give the register principal office	th ed UK Postcode	CIFI3L 191RW
address.	Country	
	Nationality	BRITISH.
	Business occupation	PLASTERER.
l		
Directors Please list the directors * Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
Please list the directors *Voluntary details In the case of a director that is a	·	Details of new directors must be notified on form 288a
Please list the directors * Voluntary details In the case of a director that is a corporation or a Scottish firm, the	·	
Please list the directors Voluntary details In the case of a director that is a corporation or a	Name *Style/Title Date of birth	MR. Day Month Year [O [H/[O][/[1960]
Please list the directors * Voluntary details In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm	Name *Style/Title	MR. Day Month Year [O [H/[O][/[1960]
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Please list the directors * Voluntary details In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name If Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order	Name *Style/Title Date of birth Forename(s) Surname Address ††	Day Month Year Day Month Year Day Month Year Delin 1 9 6 0 Paul WEBBER. LI ARNOLD AVE LUAN RULLNEY
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Issue share capital Enter details of all the shares in issue at the date of this return	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)	
	L ORDINARY		L & l	
	<u> </u>	L		
	Totals		L & 1	
Traded public companies A traded public company means a company any of whose shares are shares admitted to trading on a regulated market	Please tick this box if your co public company at any time d this return			
List of past and present shareholders (use attached schedule where appropriate)	Please tick the appropriate bo	ox below:	On paper in another format	
Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.	A full list of shareholders for a private or non-traded public company is enclosed. Please complete Schedule A.			
Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two	A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. Please complete Schedule B.			
returns.	A list containing shareholder of → For private or non-trade	ed public companies, plea	ase	
	omplete Schedule A → For traded public comp Schedule B			
	There were no shareholder cl	hanges in this period		
Certificate	I certify that the information g knowledge and belief	iven in this return is true t	o the best of my	
* Please delete as appropriate	Paul (director / secretary)	ler D	ate 22 11 08	
When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.	This return includes	continuation sheets		
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to	<u>L</u>			
contact you if there is a query on the form. The contact information that you give will be visible to searchers of the	<u></u>			
public record.	DX number	DX exchange		
			Page 4	

This must only be completed by private and public limited companies that have not traded on a regulated market

Schedule A for private or non-traded public companies List of past and present shareholders

Company number	0552466	(Please use a continuat	ion sheet if required)
Company name in full	1 Annards	DEVELOPMENTS	
			•

- Changes to shareholders' particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all company shareholders on:

 - The company's first annual return following incorporation
 Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Do not give shareholder address information

		Shares or amount of stock transferred (if appropriate)		
Shareholder's name only	Class and number of shares or amount of	Class and number of	Date of	
	stock held	shares or amount of stock	registration	
		transferred	of transfer	
Name	ORDINARY			
CRAIG SHEPPARD	1			
Name				
Name				
Name				
Name				
Name				
Name .				
Name				
Name				
			,	

Schedule A for private or non-traded public companies (continuation sheet) List of past and present shareholders

	Shares or amount of stock transferred (if appropriate)		
Shareholder's name only	Class and number of shares or amount of	Class and number of	Date of
Shareholder 5 hame only	stock held	shares or amount of stock	registration
		transferred	of transfer
Name			
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