



Companies House
— for the record —

88(2)

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHFP000

Company Number

5539817

Company name in full

BREAKTHROUGH TRADING LIMITED

Shares allotted (including bonus shares):

Date or period during which
shares were allotted
(If shares were allotted on one date
enter that date in the "from" box)

From

To

Day Month Year

Day Month Year

31 08 2005

--	--	--	--	--	--

Class of shares
(ordinary or preference etc)

ORDINARY

Number allotted

1

Nominal value of each share

£1

Amount (if any) paid or due on each
share (including any share premium)

£1

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be
treated as paid up

--	--	--

Consideration for which
the shares were allotted

(This information must be supported by
the duly stamped contract or by the duly
stamped particulars on Form 88(3) if the
contract is not in writing)

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

Companies House, Crown Way, Cardiff CF14 3UZ
For companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB
For companies registered in Scotland

DX 235
Edinburgh



Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name <u>LOUIS VERNON DE SILVA</u> Address <u>27 CHISWICK QUAY</u> <u>CHISWICK, LONDON</u> UK Postcode <u>W4 3UR</u>		Class of shares allotted <u>ORDINARY</u>	Number allotted <u>1</u>
Name _____ Address _____ _____ UK Postcode _____		Class of shares allotted _____	Number allotted _____
Name _____ Address _____ _____ UK Postcode _____		Class of shares allotted _____	Number allotted _____
Name _____ Address _____ _____ UK Postcode _____		Class of shares allotted _____	Number allotted _____

Please enter the number of continuation sheets (if any) attached to this form

Signed



Date

21/8/05

~~A director / secretary / administrator / administrative receiver / receiver manager / receiver~~

Please delete as appropriate

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

Tel	
DX number	DX exchange