

88(2)

Please complete in typescript,
or in bold black capitals.

Return of Allotment of Shares

CHFP016

Company Number

6607349

Company name in full

ABBA SUPPLIES LIMITED

Shares allotted (including bonus shares):

From

To

Date or period during which
shares were allotted

(If shares were allotted on one date
enter that date in the "from" box)

Day Month Year

0 3 0 6 2 0 0 8

Day Month Year

Class of shares
(ordinary or preference etc)

ORDINARY
SHARES

Number allotted

100

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

100

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)

CASH

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

Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff
For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB
DX 235 Edinburgh or LP - 4 Edinburgh 2
For companies registered in Scotland



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

Shareholder details		Shares and share class allotted	
Name MRS GULSHAN HUSSAIN		Class of shares allotted ORDINARY SHARES	Number allotted 50
Address 1 GREENFORD AVENUE SOUTHALL, MIDDLESEX			
UK Postcode U B 1 2 A A _ _ _ _ _			
Name MRS PARAMBIR DHILLON		Class of shares allotted ORDINARY SHARES	Number allotted 50
Address 21 ST JOSEPH DRIVE SOUTHALL, MIDDLESEX			
UK Postcode U B 1 1 R L _ _ _ _ _			
Name 		Class of shares allotted	Number allotted
Address 			
UK Postcode _ _ _ _ _			
Name 		Class of shares allotted	Number allotted
Address 			
UK Postcode _ _ _ _ _			

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

Signed

8 *[Signature]*

Date

8/7/08

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

Please delete as appropriate

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record

WEAVER ROSE ACCOUNTANTS

39 THE MALL, EALING

LONDON W5 3TJ

Tel 0208 579 6060

DX number

DX exchange