


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90033 035 ***150.00

DOCUMENT # F03000000739

1. Entity Name
J.D. PROPERTIES REDINGTON LIMITED CORP.



Principal Place of Business
**C/O FIONA DARRIE, CALDONCAN BANK & TRUST
 CALEDONIAN HOUSE, 69 DR. RAY'S DRIVE
 GEORGE TOWN, CAYMAN ISLANDS,**

Mailing Address
**C/O CALEDONIAN BANK & TRUST
 PO BOX 1043 GT
 GRAND CAYMAN, B.V.I.,**

J4U4Z643

2. Principal Place of Business
c/o Fiona Barrie, Caledonian Bank & Trust

3. Mailing Address
 Suite, Apt. #, etc.
Caledonian House, 69 DR Ray's Drive

City & State
George Town, Cayman Islands

Zip Country
B.W.I.



03122004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 98-0390832

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DELANO, G. KRISTIN
 150 SECOND AVE. N., STE. 470
 ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent
 Name
Current Registered Agent - New Address

Street Address (P.O. Box Number is Not Acceptable)
360 Central Ave., Ste. 1320

City **St. Petersburg** FL Zip Code **33701-3838**

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 **G. Kristin Delano** *[Signature]* **3/12/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DINAN, JOHN M
STREET ADDRESS	PO BOX 838 GT, APT. 203, TREASURE ISLAND C
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.,
TITLE	D <input type="checkbox"/> Delete
NAME	DINAN, AMANDA
STREET ADDRESS	PO BOX 838 GT, APT. 203, TREASURE ISLAND C
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.,
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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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: *John M. Dinan* **John M. Dinan** **3-25-04** **(345) 949-4533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #