


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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.,		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 98-0390832	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DELANO, G. KRISTIN 360 CENTRAL AVE., STE. 1320 ST. PETERSBURG, FL 33701			Name CURRENT REGISTERED AGENT - NEW ADDRESS		
			Street Address (P.O. Box Number is Not Acceptable) 360 CENTRAL AVENUE, SUITE 1560		
			City ST. PETERSBURG		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	U00000190465	
NAME	DINAN, JOHN M	NAME		01/24/05-80136-003 150.00	
STREET ADDRESS	PO BOX 838 GT, APT. 203, TREASURE ISLAND C	STREET ADDRESS			
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINAN, AMANDA	NAME			
STREET ADDRESS	PO BOX 838 GT, APT. 203, TREASURE ISLAND C	STREET ADDRESS			
CITY-ST-ZIP	GRAND CAYMAN, B.W.I.,	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>John M. Dinan</u>		JOHN M. DINAN		1/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (345) 949-4533	