

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000739

FILED
Mar 31, 2008
Secretary of State

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

Current Principal Place of Business:

C/O FIONA BARRIE, CALEDONIAN BANK & TRUST
CALEDONIAN HOUSE, 69 DR. ROY'S DRIVE
GEORGE TOWN, CAYMAN ISLANDS, ..

New Principal Place of Business:

C/O ROBERT E. GIBB, FORDSAR (CAYMAN) LTD
CENTENNIAL TWRS, STE 204, 2454 WEST BAY RD
WEST BAY, GRAND CAYMAN, .. CAYMAN IS

Current Mailing Address:

C/O CALEDONIAN BANK & TRUST
PO BOX 1043 GT
GRAND CAYMAN, B.W.I., ..

New Mailing Address:

FORDSAR (CAYMAN) LIMITED
P.O. BOX 335
GRAND CAYMAN KY1-1301, .. CAYMAN IS

FEI Number: 98-0390832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELANO, G. KRISTIN
360 CENTRAL AVE., STE. 1560
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DINAN, JOHN M
Address: PO BOX 838 GT, APT. 203, TREASURE ISLAND C
City-St-Zip: GRAND CAYMAN, B.W.I.,

Title: D () Delete
Name: DINAN, AMANDA
Address: PO BOX 838 GT, APT. 203, TREASURE ISLAND C
City-St-Zip: GRAND CAYMAN, B.W.I.,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M DINAN

D

03/31/2008

Electronic Signature of Signing Officer or Director

_____ Date