
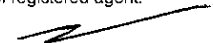
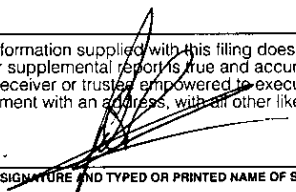


**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F01000003337			
1. Entity Name CORAL CAY CONSERVATION FOUNDATION INC.			
Principal Place of Business 3422 OLD CAPITAL TRAIL, STE 700 WILMINGTON, DE 19808		Mailing Address 725 NORTH A1A STE E-202 JUPITER, FL 33477	
2. Principal Place of Business		3. Mailing Address TEQUESTA FINANCIAL CENTER	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 102 C	
City & State		City & State 218 S US HIGHWAY 1 TEQUESTA FLORIDA	
Zip	Country	Zip	Country
		33465	USA
		03262004	Chg-P CR2E034 (10/03)
		4. FEI Number 93-1284911	Applied For <input checked="" type="checkbox"/> Not Applicable
		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	
SINCLAIR, ADRIAN 725 NORTH A1A STE E202 JUPITER, FL 33477		Name SINCLAIR, ADRIAN Street Address (P.O. Box Number is Not Acceptable) TEQUESTA FINANCIAL CENTER SUITE 102 C 218 C US HIGHWAY 1 City TEQUESTA FL Zip Code 33465	
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 		ADRIAN SINCLAIR 26 MARCH 2004	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD RAINES, PETER S 71 BAOMINTON RD LONDON ENGLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SINCLAIR, ADRIAN 725 NORTH A1A STE E-202 JUPITER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SINCLAIR, ADRIAN TEQUESTA FINANCIAL CENTER SUITE 102 C 218 S US HIGHWAY 1 TEQUESTA FL 33465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.			
SIGNATURE: 		PETER S. RAINES 26 MARCH 2004 +44 208 545 7702	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	