

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003689

FILED
Aug 27, 2004
Secretary of State

Entity Name: PADDINGTON RESOURCES INC.

Current Principal Place of Business:

1761 BUTTONBUSH CIRCLE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1761 BUTTONBUSH CIRCLE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0361001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDFORD, BRUCE P
1761 BUTTONBUSH CIRCLE
PALM CITY, FL 34990 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: CPT () Delete
Name: BEDFORD, BRUCE PAUL
Address: 1761 BUTTONBUSH CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: DM () Delete
Name: BEDFORD, SUSAN LOGAN
Address: 40 WEST 77TH STREET, APT 9A
City-St-Zip: NEW YORK, NY 10024

Title: DV () Delete
Name: BEDFORD, JULIE ANN
Address: 4650 NORTH WASHINGTON BLVD APT 821
City-St-Zip: ARLINGTON, VA 22201

Title: VPS () Delete
Name: BEDFORD, ANN LOGAN
Address: 1761 BUTTONBUSH CIRCLE
City-St-Zip: PALM CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: BRUCE P. BEDFORD

CPT

08/27/2004

Electronic Signature of Signing Officer or Director

_____ Date