

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90060 024 ***150.00

DOCUMENT # F93000003689



1. Entity Name
PADDINGTON RESOURCES INC.

Principal Place of Business
**1761 BUTTONBUSH CIRCLE
PALM CITY FL 34990**

Mailing Address
**1761 BUTTONBUSH CIRCLE
PALM CITY FL 34990**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0361001**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEDFORD, BRUCE P
1761 BUTTONBUSH CIRCLE
PALM CITY FL 34990**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPT	<input type="checkbox"/> Delete
NAME	BEDFORD, BRUCE PAUL	
STREET ADDRESS	1761 BUTTONBUSH CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DM	<input type="checkbox"/> Delete
NAME	BEDFORD, SUSAN LOGAN	
STREET ADDRESS	40 WEST 77TH STREET, APT 9A	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BEDFORD, JULIE ANN	
STREET ADDRESS	4650 NORTH WASHINGTON BLVD APT 821	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BEDFORD, ANN LOGAN	
STREET ADDRESS	1761 BUTTONBUSH CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18, 2003 772-971-7894
Date Daytime Phone #

CR2E034 (10/02)