


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90299 043 \*\*\*158.75

**DOCUMENT # P01000045978**

1. Entity Name  
**THE JACKSON RIVERS COMPANY**



Principal Place of Business      Mailing Address

**2401 E ATLANTIC BLVD**      **X2401 E ATLANTIC BLVD**  
**SUITE 314**      **SUITE 314**  
**POMPANO BEACH, FL 33062 US**      **POMPANO BEACH, FL 33062 US**

**94055511**



2. Principal Place of Business      3. Mailing Address

**27 Radio Circle**      **402 West Broadway**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**204 B**      **400**

04142004      Chg-P      CR2E034 (10/03)

City & State      City & State

**Mount Kisco, New York**      **San Diego, CA**  
 Zip      Country      Zip      Country  
**10549**      **USA**      **92101**      **USA**

4. FEI Number      Applied For

**65-1102865**       Not Applicable

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

**PARADISO, DON A ESQ**      Name  
**2401 E ATLANTIC BLVD**      Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 314**      City      **FL**      Zip Code  
**POMPANO BEACH, FL 33062**

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, 2004 Fee will be \$550.00**

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 (NT)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PARADISO, DON A ESQ 111 N POMPAÑO BEACH PL #1707 POMPAÑO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Dennis N. Lauzon P.O. Box 814 Katonah, NY 10536 <input checked="" type="checkbox"/> Change <input checked="" 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)(l), 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: \_\_\_\_\_      Date **4/17/04**      Daytime Phone # **619-615-4246**

**A. Maureen McDonough**  
**Attorney in Fact**