


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State


04-29-2005 90267 029 ***150.00

DOCUMENT # P03000020967	
1. Entity Name ST. JAMES INVESTMENT GROUP, INC.	

Principal Place of Business 625 N. FLAGLER DR., #605 WEST PALM BEACH, FL 33401	Mailing Address 625 N. FLAGLER DR., #605 WEST PALM BEACH, FL 33401
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14010172



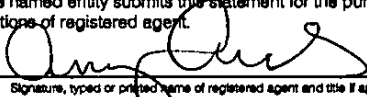
04262005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0678404 20-2499396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CORPORATE LEGAL GROUP, LEC 625 N. FLAGLER DR., #605 WEST PALM BEACH, FL 33401	

7. Name and Address of New Registered Agent	
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:  for the Corporate Legal Group 4/29/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	PARKER, GERALD
STREET ADDRESS	625 N. FLAGLER DRIVE, SUITE 509
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	PS <input type="checkbox"/> Delete
NAME	PEARRE, ROBERT W
STREET ADDRESS	625 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Chairman/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parker, Gerald
STREET ADDRESS	625 N. Flagler Dr., Suite 605
CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pearre, Robert
STREET ADDRESS	625 N. Flagler Dr., Suite 605
CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kinsden, Peter
STREET ADDRESS	625 N. Flagler Dr., Suite 605
CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Kane, Kevin
STREET ADDRESS	625 N. Flagler Dr., Suite 605
CITY-ST-ZIP	W. Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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:  4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #