



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000025514 1. Entity Name THE JEDBURGH GROUP, INC.	
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Principal Place of Business 120 INTERNATIONAL PKWY STE 220 HEATHROW, FL 32746 US	Mailing Address 120 INTERNATIONAL PKWY STE 220 HEATHROW, FL 32746 US
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DO NOT WRITE IN THIS SPACE

	
08102004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3563797	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

**NISI, FRANK P
2003 LAKE HOWELL LANE
SUITE 100
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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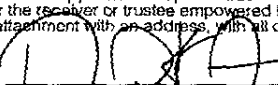
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, DAVID K 120 INTERNATIONAL PKWY STE 220 HEATHROW, FL 32746
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08/13/04-80003-003 150.00

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:  **David K. Freeman**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/04 407321-0704
Date Daytime Phone #