
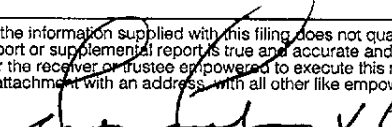


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000006781			
1. Entry Name 39 ACRE CORP.			
Principal Place of Business 122 E 42ND ST., STE 1618 NEW YORK, NY 10168		Mailing Address 122 E 42ND ST., STE 1618 NEW YORK, NY 10168	
<b>DO NOT WRITE IN THIS SPACE</b>		04132004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 13-3968865	
		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		<b>DO NOT WRITE IN THIS SPACE</b>	
CFRA, LLC ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., STE. 500 TAMPA, FL 33602			
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC FIELDS, DOUGLAS P % TDA INDUSTRIES, INC., 122 E. 42ND ST NEW YORK, NY 10168		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS FRIEDMAN, FREDERICK M % TDA INDUSTRIES, INC., 122 E. 42ND ST NEW YORK, NY 10168		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT MANNO, LUCILLE % TDA INDUSTRIES, INC., 122 E. 42ND ST NEW YORK, NY 10168		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 reports 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: 		4-13-04 (212) 942-1513	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FREDERICK M. FRIEDMAN		Date Daytime Phone #	