


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000006781
 1. Entity Name
 39 ACRE CORP.



Principal Place of Business Mailing Address
 122 E 42ND ST., STE 1618 122 E 42ND ST., STE 1618
 NEW YORK, NY 10168 NEW YORK, NY 10168

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3968865	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CFRA, LLC
 CORPORATE CENTER THREE AT INT'L PLAZA
 4221 W. BOY SCOUT BLVD, 10TH FLOOR
 TAMPA, FL 33607-5736

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

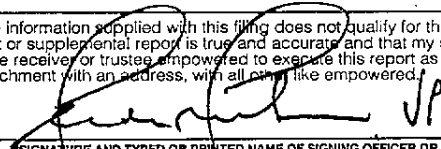
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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	
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 04/28/05-80053-011 150.00

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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:  Date: 4-28-05 Daytime Phone #: 44-972-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR