

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006781

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: 39 ACRE CORP.

**Current Principal Place of Business:**

122 E 42ND ST., STE 1618  
NEW YORK, NY 10168

**New Principal Place of Business:**

**Current Mailing Address:**

122 E 42ND ST., STE 1618  
NEW YORK, NY 10168

**New Mailing Address:**

FEI Number: 13-3968865      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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 336075736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: FIELDS, DOUGLAS P  
Address: % TDA INDUSTRIES, INC., 122 E. 42ND ST  
City-St-Zip: NEW YORK, NY 10168

Title: VTS ( ) Delete  
Name: FRIEDMAN, FREDERICK M  
Address: % TDA INDUSTRIES, INC., 122 E. 42ND ST  
City-St-Zip: NEW YORK, NY 10168

Title: ASAT ( ) Delete  
Name: MANNO, LUCILLE  
Address: % TDA INDUSTRIES, INC., 122 E. 42ND ST  
City-St-Zip: NEW YORK, NY 10168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILLE MANNO

ASAT

04/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date