2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006816

Entity Name: CANAAN INTERNATIONAL, INC.

FILED Jaņ 13, 2<u>00</u>5 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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419 DRUID HILLS RD TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

P.O. BOX 290345 TAMPA, FL 33687

FEI Number: 05-0536474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONCEPCION, STEVEN 419 DRUID HILLS RD TAMPA, FL 33617

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

() Delete CONCEPCION, STEVEN Name: Address: 419 DRUID HILLS RD City-St-Zip: TAMPA, FL 33617

Title: () Delete Name: LACUESTA, RONALDO Address: 3342 SW HOSANNAH LN City-St-Zip: OKEECHOBEE, FL 34974

Title: () Delete JIMENEZ, EDUARDO Name: Address: 9201 SW 105 ST City-St-Zip: MIAMI, FL 33176

Title: () Delete

Name: Address: City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition CONCEPCION, STEVEN PRES Name:

Address: 419 DRUID HILLS RD City-St-Zip: TAMPA, FL 33617

Title: MR (X) Change () Addition

Name: LACUESTA, RONALDO Address: 3342 SW HOSANNAH LN City-St-Zip: OKEECHOBEE, FL 34974

Title: (X) Change () Addition

Name: JIMENEZ, EDUARDO Address: 9201 SW 105 ST City-St-Zip: MIAMI, FL 33176

Title: MRS () Change (X) Addition Name: CELCIS-CONCEPCION, GINA SEC

419 DRUID HILLS RD Address: City-St-Zip: TAMPA, FL 33617 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN CONCEPCION **PRES** 01/13/2005