

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

01-25-2008 90020 011 ***150.00

DOCUMENT # P01000022686					
1. Entity Name CANAAN PROPERTIES, INC.					
Principal Place of Business 129 TURNBERRY DR ATLANTIS, FL 33462			Mailing Address 129 TURNBERRY DR ATLANTIS, FL 33462		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1082746	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DI CRESCEUZZI, ANGELA 885 SE 10TH ST SUITE 201 DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name: <u>Angela Di Crescenzo</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:	
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: <u>[Signature]</u> DATE: <u>1/10/2008</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, JONATHAN 129 TURNBERRY DRIVE ATLANTIS, FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALKER, FREDERICK E JR. 137 TURNBERRY DRIVE LAKE WORTH, FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPresident	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary Chalker 137 Turnberry Dr. Atlanta, GA 33462	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michelle Pace 129 Turnberry Dr. Atlanta, FL 33462	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: <u>[Signature]</u>			DATE: <u>1/15/2008</u>		

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