FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000030310 FILED Estate Development Canaan OCT 21 PM 3: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1249 Grant Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 03-0463240 Jacksonville, Florida Not Applicable Ζip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 32202 Fee Required 7. Name and Address of Current Registered Agent Charles Haynes, Sr. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1249 Grant Street City Jacksonville 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE TITLE Haynes, Charles, Sr MARKE NAME 1249 GRANT STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME DO NOT WRITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 on an attachment with an address, with

10/15/03

904-545-1907

Daytime Phone #

DARSS

Canaan Real Estate Development, Inc.

1249 Grant Street
Jacksonville, Florida 32202

Phone 904-545-1907 Fax 904-247-5342

October 15, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Fl 32314-6327

To Whom It May Concern:

I contacted your office by telephone recently and was told to complete the attached form and mail it in with a cashier's check in the amount of \$ 300.00 and your department would reinstate my corporation.

I never received a notice of my unifrom business report being due as I have moved a couple of times in the last few years. Had I known it was owed I would have paid it when it was due.

I really appreciate you taking care of this for me.

Muler Hen

Sincerely,

Charles Haynes

President

Enclosures