2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P03000080004



FILED
Jan 17, 2007 8:00 am
Secretary of State
01-17-2007 90053 041 ***150.00

CANAAN MANAGEMENT INC									
Principal Place of Business 129 TURNBERRY DRIVE ATLANTIS, FL 33462		Mailing Address 129 TURNBERRY DRIVE ATLANTIS, FL 33462		60002282					
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite. Apt. #, etc.			01092007	Chg-P	CR2E03	34 (12/06)	
City & State		City & State	City & State		4. FEI Numbe 20-010				plied For t Applicable
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered A	gent	
				Name					
DICRESCENZO, ANGELA D 665 SE 10TH ST #201			-	Street Address (P.O. Box Number is Not Acceptable)					
DEERFIELD BEACH, FL 33441			-	City				Zip Code	
				Oity			FL	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 Signature, typed or printed name of registered agent and little if applicable. (NCTE Registered Agent)					d when reinstating)		CATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS 11		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHALKER, FREDERICK E JR 137 TURNBERRY DRIVE			T ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME	VP / ∳: □ Delete III		TITLE					Change	Addition
STREET ADDRESS	· ·			T ADDRESS				•	
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS City-St-Zip			STREET CITY-S	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE NAME					☐ Change	☐ Addition
NAME STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE	☐ Defete 1178							☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			•	T ADDRESS S1 ZIP					
TITLE		☐ Delete	TITLE	01 211				☐ Change	☐ Addition
NAME		□ Delete	NAME					வவரும்	
STREET ADDRESS				T ADDRESS					
CITY+ST-ZIP				ST-ZIP					
12. Thereby of indicated	certify that the information supplied will on this report or supplemental report	h this filing does not qualify for is true and accurate and that m	r the exer	mptions contained ure shall have the	d in Chapter 119 same legal effec), Florida Statutes. It as if made under	I further certi oath; that I a	ify that the in im an officer	nformation or director

indicated on this report of supplemental report is note and accurate and that my signature shall have the same legal effect as it 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: _