


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90022 005 \*\*\*150.00

<b>DOCUMENT # V38986</b> 1. Entity Name <b>CANEEL BAY MANAGEMENT, INC.</b>	
--	---

Principal Place of Business <b>13844 LEBATEAU ISLE FRENCHMAN'S CREEK PALM BEACH GARDENS, FL 33410 US</b>	Mailing Address <b>1 RICHMOND SQUARE STE 100C PROVIDENCE, RI 02906 US</b>
---	--



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0334447</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>SCHEIN, HAROLD I. FRENCHMAN'S CREEK 13844 LE BATEAU ISLE PALM BEACH GARDENS, FL 34410</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete <b>SCHEIN, HAROLD</b> <b>13844 LEBATEAU ISLE, FRENCHMAN'S CREEK</b> <b>PALM BEACH GARDENS, FL 33410</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPDT <input type="checkbox"/> Delete <b>SCHEIN, PHILIP</b> <b>1 RICHMOND SQUARE, STE #100C</b> <b>PROVIDENCE, RI 02906</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete <b>SCHEIN, MICHAEL</b> <b>1 RICHMOND SQUARE, STE #100C</b> <b>PROVIDENCE, RI 02906</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete <b>SCHEIN-FONTAINE, LESLIE</b> <b>1 RICHMOND SQUARE, STE #100C</b> <b>PROVIDENCE, RI 02906</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete <b>SCHEIN, MICHAEL</b> <b>13844 LEBATEAU ISLE, FRNCHMAN'S CREEK</b> <b>PROVIDENCE, RI 02906</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1 Richmond Square, Suite #100C</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete <b>SCHEIN, HAROLD I</b> <b>1 RICHMONS SQUARE</b> <b>PROVIDENCE, RI 02906</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13844 LeBateau Isle, Frenchman's Creek</b> <b>Palm Beach Gardens, FL 33410</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/6/05</b>	Daytime Phone # _____
---	--------------------	-----------------------