


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90038 007 \*\*\*150.00

**DOCUMENT # K52367**

1. Entity Name  
**CANAM INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address

**% STEPHEN BROWN**      **% STEPHEN BROWN**  
~~2150 N.E. 27TH CT.~~      ~~2150 N.E. 27TH CT.~~  
~~LIGHTHOUSE PT., FL 33064~~      ~~LIGHTHOUSE PT., FL 33064~~

2. Principal Place of Business

Suite, Apt. #, etc.

**23081 ADDISON CIRCLE**  
**BOCA RATON FLORIDA 33433**



City & State      4. FEI Number      Applied For

**23081 ADDISON CIRCLE**      **65-0089331**      Not Applicable  
**BOCA RATON FLORIDA 33433**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, STEPHEN**

**23081 ADDISON CIRCLE**  
**BOCA RATON FLORIDA 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **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: *Stephen Brown*      DATE: **B-28-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$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	PD <b>BROWN, STEPHEN</b> <del>2150 N.E. 27TH CT.</del> <b>POMPANO BEACH, FL 330647758</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>23081 ADDISON CIRCLE</b> <b>BOCA RATON FLORIDA 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>BROWN, CHERYL</b> <del>2150 N.E. 27TH CT.</del> <b>POMPANO BEACH, FL 330647758</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>23081 ADDISON CIRCLE</b> <b>BOCA RATON, FLORIDA 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Stephen Brown*      **STEPHEN BROWN**      **4-28-04 (561) 852-8254**

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #