

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000851

FILED
Jun 19, 2006
Secretary of State

Entity Name: RESTAURANT COVERAGE ASSOCIATES, INC.

Current Principal Place of Business:

1333 BROAD STREET
CLIFTON, NJ 07013

New Principal Place of Business:

Current Mailing Address:

1333 BROAD STREET
CLIFTON, NJ 07013

New Mailing Address:

FEI Number: 22-3392031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, SCOTT
3900 WOODLAKE BOULEVARD STE. 305
GREEN ACRES, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENRY, JAMES
Address: 148 FERN AVENUE
City-St-Zip: LYNDHURST, NJ 07071

Title: S () Delete
Name: SKOWRONSKI, JOSEPH
Address: 5 PARKVIEW LANE
City-St-Zip: FAIRFIELD, NJ 07004

Title: V () Delete
Name: HARTMANN, THOMAS
Address: 2 ABINGDON STREET
City-St-Zip: MORRIS PLAINS, NJ 07950

Title: V () Delete
Name: MAHER, MICHAEL
Address: 11 SOUTHFIELD ROAD
City-St-Zip: BOONTON TOWNSHIP, NJ 07005

Title: T () Delete
Name: LEONARD, MICHAEL
Address: 133 OLDFIELD AVE
City-St-Zip: HASBROUCK HEIGHTS, NJ 07604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEONARD

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06/19/2006

Electronic Signature of Signing Officer or Director

_____ Date