


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P25483

1. Entity Name
BRCMC, INC.



Principal Place of Business WOODLAND FALLS CORPORATE PARK, 210 LAKE DR., EAST, SUITE 200 CHERRY HILL, NJ 08002	Mailing Address BLANK ROME LLP 1200 N. FEDERAL HWY., STE 417 BOCA RATON, FL 33432
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2981580	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEEDS, MICHAEL H
 1200 N. FEDERAL HIGHWAY
 STE. 417
 BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000547734
 05/12/06-80035-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTTENBERG, FRED A 210 LAKE DR. E. #200 CHERRY HILL, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEEDS, MICHAEL H 1200 N. FEDERAL HWY. STE. 417 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEINSTEIN, STEVEN D. 210 LAKE DR. E. #200 CHERRY HILL, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 (Ika empowered.

SIGNATURE:  DATE: **4/25/06** Daytime Phone # _____