


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90089 026 ***150.00

DOCUMENT # F95000004705	
1. Entity Name RETAIL BRAND ALLIANCE, INC.	

Principal Place of Business 100 PHOENIX AVENUE ENFIELD, CT 06083-1700	Mailing Address 100 PHOENIX AVENUE ENFIELD, CT 06083-1700
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50005437



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 51-0368883	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBP DEL VECCHIO, CLAUDIO <input type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD, CT 06083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD SHULMAN, MARK <input checked="" type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD, CT 060831700	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BAUMANN, BRIAN <input type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD, CT 06083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRIEDLANDER, CAROLEE <input checked="" type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD, CT 06083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FEOLA, EUGENE <input type="checkbox"/> Delete 100 PHOENIX AVE. ENFIELD, CT-06083	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PAPERNY, ALAN <input type="checkbox"/> Delete 100 PHOENIX AVENUE ENFIELD, CT 06083	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: _____ Date: 1/11/05 Daytime Phone #: 850-734-0771