


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0368883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

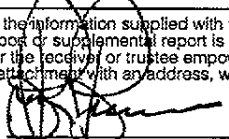
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBP DEL VECCHIO, CLAUDIO 100 PHOENIX AVENUE ENFIELD, CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BAUMANN, BRIAN 100 PHOENIX AVENUE ENFIELD, CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FEOLA, EUGENE 100 PHOENIX AVE. ENFIELD, CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/10/07-80086-005 150.00

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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 attached sheet with an address, with all other like empowered.

SIGNATURE:  CFO/Treasurer 4/18/07 (860)741-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #