
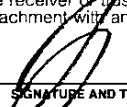


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90415 001 \*\*\*900.00

<b>DOCUMENT # F02000000926</b> 1. Entity Name <b>CA NEW PLAN TEXAS ASSETS, INC.</b>					
Principal Place of Business <b>420 LEXINGTON AVE. 7TH FLOOR NEW YORK NY 10170</b>			Mailing Address <b>420 LEXINGTON AVE. 7TH FLOOR NEW YORK NY 10170</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-3004604</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete <b>MACDONALD, SCOTT 1120 AVENUE OF THE AMERICAS, 12TH FLOOR NEW YORK NY 10036</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Delete <b>BERNSTEIN, DEAN 420 LEXINGTON AVE 7TH FL NEW YORK NY 10170</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP <input type="checkbox"/> Delete <b>SIEGEL, STEVEN F 420 LEXINGTON AVE 7TH FL NEW YORK NY 10170</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP <input type="checkbox"/> Delete <b>BROWN, MICHAEL 420 LEXINGTON AVE 7TH FL NEW YORK NY 10170</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO <input type="checkbox"/> Delete <b>RUFRANO, GLENN J 420 LEXINGTON AVE 7TH FL NEW YORK NY 10170</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete <b>NEWMAN, WILLIAM 420 LEXINGTON AVE 7TH FL NEW YORK NY 10170</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John B. Roche 420 LEXINGTON AVE., 7TH FLR, NEW YORK, NY 10170</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.					
<b>SIGNATURE:</b> 		<b>Steven F. Siegel</b>		<b>4/14/2006 212-869-3000</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	