

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001741 1. Entity Name SUBURBAN FRANCHISING, INC.	
---	---

Principal Place of Business 240 ROUTE 10 WEST WHIPPANY, NJ 07981-0206	Mailing Address P O BOX 206 WHIPPANY, NJ 07981-0206
---	---



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3774147	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

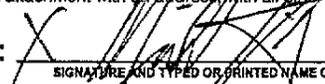
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNN, MICHAEL J 240 ROUTE 10 WEST WHIPPANY, NJ 079810206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SOKOL, JANICE G 240 ROUTE 10 WEST WHIPPANY, NJ 079810206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PLANTE, ROBERT M 240 ROUTE 10 WEST WHIPPANY, NJ 079810206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STIVALA, MICHAEL A 240 ROUTE 10 WEST WHIPPANY, NJ 07981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN0000393879
01/25/06-80038-017 150.00

**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 like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/16/06 Daytime Phone #: (973) 503-9102