

2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # F02000003472

1. Entity Name

FRANCHISE PORTFOLIO 1, INC.



Principal Place of Business

1 CIT DR.
LIVINGSTON, NJ 07039

Mailing Address

1 CIT DRIVE #1320-1
ATTN: TAX DEPT
LIVINGSTON, NJ 07039

FILED

07 MAY 23 PM 1:42

TALLAHASSEE, FLORIDA



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3694551

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**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
DP
HARMS, DON
1 CIT DR.
LIVINGSTON, NJ 07039TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
DAVIS, DENNIS
1 CIT DR.
LIVINGSTON, NJ 07039TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MANDELBAUM, ERIC S
1 CIT DR.
LIVINGSTON, NJ 07039TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SEUFERT, LINDA M
1 CIT DR.
LIVINGSTON, NJ 07039TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP900103905419
06/05/07--01015--009 **4650.00**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:

LINDA M. SEUFERT

5/4/2007 973-740-5796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #