


**2006-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004792


1. Entity Name
ROUTE RELIEVERS, INC.



Principal Place of Business
2900 WESTCHESTER AVE.
PURCHASE, NY 10577

Mailing Address
2900 WESTCHESTER AVE.
PURCHASE, NY 10577

DO NOT WRITE IN THIS SPACE



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3978173

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811

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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 Jose Mojica [Signature] DATE 7-6-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	CP FANELLI, ROBERT C 2900 WESTCHESTER AVE. PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS FANELLI, MARY G 2900 WESTCHESTER AVE. PURCHASE, NY 10577
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

1100000570182
07/14/06 800024019 \$550.00

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: Robert C. Fanelli [Signature] DATE 7-11-06 DAYTIME PHONE # 914-696-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR