

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90308 039 \*\*\*150.00

**DOCUMENT # F05000001816**

1. Entity Name  
**CHERRYROAD GT INC.**



Principal Place of Business  
**8150 LEESBURG PIKE, STE 405  
VIENNA, VA 22182**

Mailing Address  
**199 CHERRY HILL RD  
PARSIPPANY, NJ 07054**

**60024786**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006 Chg-P CR2E034 (11/05)

4. FEI Number  
**52-1749431**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GULBAN, ANN MARIE  
925 LAKE WYMAN RD  
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **GULBAN, MICHAEL**  
STREET ADDRESS **199 CHERRY HILL RD**  
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **GULBAN, ANN MARIE**  
STREET ADDRESS **199 CHERRY HILL RD**  
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **FERRANDO, THOMAS**  
STREET ADDRESS **199 CHERRY HILL RD**  
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **HIRSCH, NANCY**  
STREET ADDRESS **199 CHERRY HILL RD**  
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

TITLE ☒ Change ☐ Addition  
NAME **NANCY ROGERSON**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **JELEN, CHET**  
STREET ADDRESS **199 CHERRY HILL RD**  
CITY-ST-ZIP **PARSIPPANY, NJ 07054**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Chet Jelen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-06**

Date

**973-402-7802**

Daytime Phone #