

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007252

FILED
Apr 20, 2009
Secretary of State

Entity Name: COUCH-BRAUNSDORF AFFINITY, INC.

Current Principal Place of Business:

701 MARTINSVILLE RD
LIBERTY CORNER, NJ 07938

New Principal Place of Business:

Current Mailing Address:

701 MARTINSVILLE RD
LIBERTY CORNER, NJ 07938

New Mailing Address:

FEI Number: 04-3775088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CHIBBARO, MARK
Address: 8 PARK LAKE DR
City-St-Zip: NEW BRUNSWICK, NJ 08902

Title: P () Delete
Name: DOW, ROBERT
Address: 11 OVAL DR STE 168
City-St-Zip: ISLANDA, NY 11749

Title: DC () Delete
Name: KRISTAL, DAVID A
Address: 2561 TERRITORIAL RD
City-St-Zip: ST PAUL, MN 55114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCTS (X) Change () Addition
Name: KRISTAL, DAVID A
Address: 2561 TERRITORIAL RD
City-St-Zip: ST PAUL, MN 55114

Title: D () Change (X) Addition
Name: SABATER, JUAN
Address: 245 PARK AVE 24TH FLR
City-St-Zip: NEW YORK, NY 10167

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. KRISTAL

DCTS

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date