


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000002158</b> 1. Entity Name ALPINE AROMATICS INTERNATIONAL, INC.	
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Principal Place of Business 51 ETHEL ROAD WEST PISCATAWAY, NJ 08854	Mailing Address 51 ETHEL ROAD WEST PISCATAWAY, NJ 08854
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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03252004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-1591002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 \_\_\_\_\_

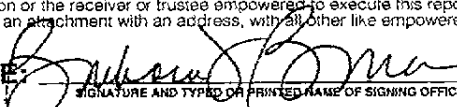
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOREY, JOHN G 10 WEST LAKE COURT NORTH BRUNSWICK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCTD BLECHINGER, FLAVIA 3 CLYDESDALE ROAD SCOTCH PLAINS, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCSD WEIL, NINA 1061 RAHWAY ROAD PLAINFIELD, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLECHINGER, PETER 3 CLYDESDALE ROAD SCOTCH PLAINS, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIL, WILLIAM 1061 RAHWAY ROAD PLAINFIELD, NJ 07060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBARA F. BOWERS 7 HOMESTEAD ROAD METUCHEN, NJ

100000101194  
04/02/04-80003-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  Barbara F Bowers, V.P. 3/26/04 732-572-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #