


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 05, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F95000004297</b> 1. Entity Name <b>RE ASSOCIATES INC.</b>	
---	---

Principal Place of Business <b>445 PARK AVE 14TH FLOOR NEW YORK, NY 10022</b>	Mailing Address <b>445 PARK AVE 14TH FLOOR NEW YORK, NY 10022</b>
--	--



01302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3207729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RE, ELAINE F PHD 607 BEACHWALK CIRCLE K-102 NAPLES, FL 34108-8729</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCDT RE, ELAINE 607 BEACHWALK CIRCLE, APT 102 NAPLES, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD RE, THOMAS C 445 PARK AVENUE NEW YORK, NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

000000216096  
02/05/05-80034-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **1/29/05 212-691-7979**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #