

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F95000004297

1. Entity Name
RE ASSOCIATES INC.



Principal Place of Business

445 PARK AVE
14TH FLOOR
NEW YORK, NY 10022

Mailing Address

445 PARK AVE
14TH FLOOR
NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3207729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RE, ELAINE F PHD
607 BEACHWALK CIRCLE
K-102
NAPLES, FL 34108-8729

**DO NOT WRITE
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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCDT
RE, ELAINE
607 BEACHWALK CIRCLE, APT 102
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RE, THOMAS C
445 PARK AVENUE
NEW YORK, NY

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

1100000395579
01/26/06-80055-011 150.00

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IN THIS SPACE**

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:

Elaine F. Re' Elaine F. Re'

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 212 691-7979

Date

Daytime Phone #