2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000004297

1. Entity Name
RE ASSOCIATES INC.

Principal Place of Business	Mailing Address
445 PARK AVE 14TH FLOOR NEW YORK, NY 10022	445 PARK AVE 14TH FLOOR NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

03272008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
13-3207729	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

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCDT
NAME	RE, ELAINE
STREET ADDRESS	607 BEACHWALK CIRCLE, APT 102
CITY-ST-ZIP	NAPLES, FL
TITLE	VSD
NAME	RE, THOMAS C
STREET ADDRESS	445 PARK AVENUE
CITY-ST-ZIP	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	

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04/15/08-80062-013 150.00

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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' Ph.D._   March 28, 2008   212-691-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #