2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

										
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1. Entity Nam			,							
BOB ALC	JU, INC	•					- AHASSE	OF STATE E. FLORID	A	
Principal Place	e of I tusine	ess	Mailing Address	•						
77 CAMPBE	ELL ROAI	D	77 CAMPBELL ROAD							
BLOOMING US	aBUHG N	Y 12/21	BLOOMINGBURG NY US	12/21						
						1				
2. Principal P	Place of Bus	singes	3. Mailing Address			 				
3380		VGFELLOW ROAD								
Suite, Apt.	#, e s.		Suite, Apt. #, etc.				2nd MOORE	CR2E034 (4	1/06)	
City & State		0 / Fl	City & State			4. FEI Nu				plied For
_	<u>N</u> L_I	MES CITY, FL					-3261588		<u> </u>	ot Applicable
^{Zip} 3 <i>3</i> 9,	5/2	Country 1),SA	Zip	Coun	try	5. Certific	cate of Status Desired		75 Add Require	
<u> </u>		me and Address of Current F	legistered Agent	1		7. Name	and Address of New F			
					Name					
CORPORATE SERVICE BÜREAU INC. 515 EAST PARK AVENUE					Street Ado	dress (P.O. Boy Nu	mber is Not Acceptable)			
		SSEE FL 32301			- Circot / ISC	31335 (1 13 . DOX 113				
					City			FL	Zip Code	
9 The above	nam ad an	the submits this statement for the	no purpose of changing its r	printered o	ffice or regist	stored seemt or boll	n in the Clate of Florida	<u> </u>		
obligations		tity submits this statement for the ed agent.	ne purpose or changing its re	iĝisiereo c	nince or regisi	stereo agent, or bott	n, in the State of Florida.	tam familiar with	n, aunorad	ccept me
SIGNATURE .		ood or printed name of registered agent and	tille if applicable. (NO	E: Registered	Agent signature re	required when reinstating)		DATE		
	Sign.ture, typ	nod or printed name of registered agent and	(A) (2.3%)		•			DATE		
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12. I hereby certif: 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 0 i an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE AND TWEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/07 (914)953-5478