


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

07 JUN 15 AM 7:46

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000096279		
1. Entity Name BOB ALOU, INC.		

Principal Place of Business 77 CAMPBELL ROAD BLOOMINGBURG NY 12721 US	Mailing Address 77 CAMPBELL ROAD BLOOMINGBURG NY 12721 US
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2. Principal Place of Business 3380 S RINGFELLOW ROAD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2nd MOORE CR2E034 (4/06)

City & State SAINT JAMES CITY, FL	City & State	4. FEI Number 20-3261588	Applied For Not Applicable
Zip 33956	Country USA	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE SERVICE BUREAU INC. 515 EAST PARK AVENUE TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 re-registering) DATE \_\_\_\_\_

Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,1) DE STEFANO, ALBERT F <input type="checkbox"/> Delete 77 CAMPBELL RD. BLOOMINGBURG NY 12721
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S,1) DE STEFANO, EILEEN P <input type="checkbox"/> Delete 77 CAMPBELL RD. BLOOMINGBURG NY 12721
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMENDOLAGINE, LOUIS P <input type="checkbox"/> Delete 16 CRANBERRY ROAD WASHINGTONVILLE NY 10992
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMENDOLAGINE, GERI T <input type="checkbox"/> Delete 16 CRANBERRY ROAD WASHINGTONVILLE NY 10992
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, ROBERT J <input type="checkbox"/> Delete 425 E. 9TH STREET ROME GA 30161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300104946873 05/27/07--01058--003 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Albert J. DeStefano 6/11/07 (914) 953-5478  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #