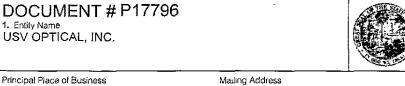
## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT DOCUMENT # P17796 1. Entity Name

**FILED** May 01, 2006 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

GLEN OAKS INDUSTRIAL PARK PO BOX 187

GLENDORA, NJ 08029

Mailing Address

GLEN OAKS INDUSTRIAL PARK PO BOX 187

GLENDORA, NJ 08029



04192006	?

No Chg-P

CR2E034 (11/05)

4.	FEI Number						
	75-1336810						

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Caytime Phone #

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered o	ffice or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and	accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	antificable (NOTE Discontinued title	at eignahun	required when reinstating)	DATE	
	Signature, typed (c. printed marie or registered agent and that in	applicable: INDIE. negistered Age	an adamina	redated wier remstatistic)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution	· 🗆	\$5.00 May Se Added to Fees		
10.	OFFICERS AND DIREC	TORS		: <u></u> :		
THLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHWARTZ, WILLIAM A 1 HARMON DR. GLENDORA, NJ 08029					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEPA, CARMEN J III 1 HARMON DR GLENDORA, NJ 08029				000000557293 05/17/06-80044-018 150	00.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>a</sup>	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged.	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exemple not accurate and that my signature to execute this report as required other like empowered.	tions cor shall hav by Chap	ntained in Chapter 119 re the same legal effecter 607, Florida Statute	). Florida Statutes. I further certify that the infort t as if made under oath, that I am an officer or o ss, and that my name appears in Block 10 or Blo	nation lirector ock 11 if