2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# P35406

Entity Name: ROUX ASSOCIATES, INC.

Current Principal Place of Business:

209 SHAFTER STREET
ISLANDIA, NY 11749 US

New Principal Place of Business:

Current Mailing Address:

209 SHAFTER STREET
ISLANDIA, NY 11749 US

New Mailing Address:

FEI Number: 11-2579482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BLICKSILVER, HAROLD,, CPA	
Address:	4 GIFFARD WAY	
City-St-Zip:	MELVILLE, NY	
Title:	CDT	( ) Delete
Name:	ROUX, PAUL,	
Address:	20 LLOYD POINT DR	
City-St-Zip:	HUNTINGTON, NY 11743	
Title:	DV	( ) Delete
Name:	RAM, NEIL	
Address:	41 HEMLOCK STREET	
City-St-Zip:	NEEDHAM, MA	
Title:	VPD	( ) Delete
Name:	POTTER, AMY	
Address:	1907 GILDENBOROUGH COURT	
City-St-Zip:	MIDLOTHIAN, VA 23113	
Title:	PDS	( ) Delete
Name:	SWANSON, DOUGLAS	
Address:	139 SUNKEN MEADOW ROAD	
City-St-Zip:	FT. SALONGA, NY 11768	
Title:	DV	( ) Delete
Name:	SADIKER, STEVEN	
Address:	10 DIELLEN COURT	
City-St-Zip:	COMMACK, NY 11725	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	POTTER, AMY	
Address:	2211 OAKENGATE LANE	
City-St-Zip:	MIDLOTHIAN, VA 23113	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS SWANSON PDS 02/03/2006

Electronic Signature of Signing Officer or Director Date