
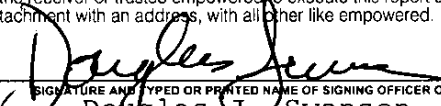


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P35406 1. Entity Name ROUX ASSOCIATES, INC.						FILED 08 SEP 22 PM 1:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 209 SHAFTER STREET ISLANDIA, NY 11749 US				Mailing Address 209 SHAFTER STREET ISLANDIA, NY 11749 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 reinstating) DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLICKSILVER, HAROLD, CPA 6300 WESTOVER WAY SOMERSET, NJ 08873 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harris, Meredith 118 Robin Run East Swedesboro, NJ 08085 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT ROUX, PAUL 20 LLOYD POINT DR HUNTINGTON, NY 11743 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Roux, Michael 30 Norwood Road Northport, NY 11768 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAM, NEIL 41 HEMLOCK STREET NEEDHAM, MA <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000136271380 09/23/08--01050--004 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POTTER, AMY 601 HALLSBORO ROAD MIDLOTHIAN, VA 23112 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Swanson, Douglas 139 Sunken Meadow Road Ft. Salonga, NY 11768 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SWANSON, DOUGLAS 139 SUNKEN MEADOW ROAD FT. SALONGA, NY 11768 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SADIKER, STEVEN 10 DIELEN COURT COMMACK, NY 11725 <input type="checkbox"/> Delete		
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: 				9/15/08 631-232-2600			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Douglas J. Swanson, President				Date Daytime Phone #			