2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P35406 1. Entity Name									FILED							
ROUX ASSOCIATES, INC.							08 SEP 22 PM 1: 06									
Principal Place of Business				Mailing Address				TALLANC OF STATE								
209 SHAFTER STREET ISLANDIA, NY 11749 US				209 SHAFTER STREET Islandia, ny 11749 us				,	WI CHUH22ET	:, FL0	RIDA					
1623,1637,107 TV7 16					00					BITIE BEBE DE	80 816N 8160 618	(ET) (ET)				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				09112008	Chg-P	CR2E	034 (12/06)					
City & State			City & State				4. FEI Numb 11-257				plied For t Applicable					
Zip	Country			ip	try	5. Certificate of Status Desired \$8.75 Add Fee Require										
6. Name and Address of Current F				ered Agent	7. Name and Address of New Registered Agent Name											
CT CORPO					P.O. Box Numb	er is Not Acceptable										
1200 S. PINE ISLAND ROAD PLANTATION, FL 33324					Cated Addition (1.5. Sex Hallies of Her Additional)											
					City					Zip Code	÷					
The above gamed entity submits this statement for the purpose of changing its registers.							register	ed agent or bo	th in the State of Flor	FL rida Lam	- '					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																
Amended AR is \$61.25								00 May Be ed to Fees								
10. OFFICERS AND D								ADDITIONS	CHANGES TO OFFI	CERS ANI						
NAME BLICKSILVER, HAROLD, CPA				Delete TITLE			V □ Change 【X Addition Harris, Meredith									
STREET ADDRESS 6300 WESTOVER WAY CITY-ST-ZIP SOMERSET, NJ 08873				STRE CITY			118	18 Robin Run East wedesboro, NJ 08085								
TITLE NAME	CDT ROUX, PAUL			☐ Delete TITLE			S	S Change			Addition					
STREET ADDRESS	DRESS 20 LLOYD POINT DR			STRE				Roux, Michael								
CITY-ST-ZIP TITLE	HUNTINGTON, NY 11743			☐ Delete	-ST-ZIP E	Nor	O Norwood Road Create Addition									
NAME	RAM, NEIL NAM					E		00	001362	713						
STREET: ADDRESS. GITY-ST-ZIP	NEEDHA		1/19	ET ADDRESS -ST-ZIP	00013627 09/23/080105000			-004	04 **70.00							
TITLE NAME	VPD POTTER,	ΔΜΥ	A	☐ Delete	TITLI	- 1					☐ Change	☐ Addition				
STREET ADDRESS	601 HALL	SBORO ROAD	1		STRE	EET ADDRESS						ŀ				
CITY-ST-ZIP	MIDLOTH PDS	IIAN, VA 23112		☐ Delete	CITY	-ST-ZIP	P/D					☐ Addition				
NAME	SWANSO	N, DOUGLAS		Delete	NAM	E	Śwa	nson,	Douglas		ZJ onango					
STREET ADDRESS CITY-ST-ZIP	139 SUNKEN MEADOW ROAD FT. SALONGA, NY 11768				ET ADDRESS - ST-ZIP	139 Sunken Meadow Road Ft. Salonga, NY 11768										
TITLE	DV	OTEN (EN		☐ Delete	TITL	I		~~~	3 50 7 272 . 7	1. V. V.	☐ Change	Addition				
NAME STREET ADDRESS		, STEVEN EN COURT			NAM STRE	EET ADDRESS										
CITY-ST-ZIP COMMACK, NY 11725 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												formation				
Thereby certify that the information supplies with this illustration of the exemptors contained in Capital Transfer 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 pther like empowered.																
SIGNAT	SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OF DIFFERENCE								9/15/0		31-232	2600				
		Doug las	T.	Swanson,	SIGNATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR Dale Dayline Phone Douglas I Swanson, President											