


2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000096279 1. Entity Name BOB ALOU, INC.	
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FILED
 09 JUN 10 AM 4:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3380 STRINGFELLOW ROAD SAINT JAMES CITY, FL 33956 US	Mailing Address 77 CAMPBELL ROAD BLOOMINGBURG, NY 12721
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05232008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3261588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MARTIN, ROBERT MD
 2055 SOUTH ATLANTIC AVE, APT 801
 DAYTONA BEACH, FL 32118**

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 _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2009**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTEFANO, ALBERT F	NAME	400156986204
STREET ADDRESS	77 CAMPBELL RD.	STREET ADDRESS	06/10/09--01018--036 **150.00
CITY-ST-ZIP	BLOOMINGBURG, NY 12721	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTEFANO, EILEEN P	NAME	
STREET ADDRESS	77 CAMPBELL RD.	STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGBURG, NY 12721	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMENDOLAGINE, LOUIS P	NAME	<i>\$26/15</i>
STREET ADDRESS	16 CRANBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTONVILLE, NY 10992	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMENDOLAGINE, GERI T	NAME	
STREET ADDRESS	16 CRANBERRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTONVILLE, NY 10992	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROBERT J	NAME	
STREET ADDRESS	125 E 9TH STREET 2055 SOUTH ATLANTIC ME	STREET ADDRESS	
CITY-ST-ZIP	ROME, GA 30161 DAYTONA BEACH, FLORIDA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32118	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowerment.

SIGNATURE: *X Albert J. Cottrell* *Robert Martin MD* **5/9/09** **(914) 953-5478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #