

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712225

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: KINNERET, INC.

**Current Principal Place of Business:**

515 S DELANEY AVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

515 S DELANEY AVE  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 59-6194199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAHAN, JUDY S.  
515 S. DELANEY  
ORLANDO, FL 32801 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PERLMAN, RHONDA K.  
Address: 3900 NEPTUNE DR  
City-St-Zip: ORLANDO, FL 32804

Title: ED ( ) Delete  
Name: KAHAN, JUDY S.,  
Address: 206 CASTLEFORD CT N  
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete  
Name: SILVERBERG, MARK B.  
Address: 607 SWEETWATER COVE BLVD. S  
City-St-Zip: LONGWOOD, FL

Title: VP ( ) Delete  
Name: MANDELKERN, PAUL  
Address: 653 SELKIRK DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: T ( ) Delete  
Name: WEBMAN, ED  
Address: 1314 GREEN COVE RD  
City-St-Zip: WINTER PARK, FL 32789

Title: P ( ) Delete  
Name: HALIKMAN, FARLAN  
Address: 1201 S ORLANDO AVE, STE 400  
City-St-Zip: WINTER PARK, FL 32789

**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: SEC (X) Change ( ) Addition  
Name: MANDELKERN, PAUL  
Address: 653 SELKIRK DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Change ( ) Addition  
Name: WEBMAN, ED  
Address: 1314 GREEN COVE RD  
City-St-Zip: WINTER PARK, FL 32789

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY S KAHAN

ED

04/19/2006

Electronic Signature of Signing Officer or Director

Date