


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90038 045 \*\*\*\*61.25

<b>DOCUMENT # 749800</b>	
1. Entity Name <b>BET SEFER ACADEMY, INC.</b>	

60006300



01182007 Chg-NP CR2E037 (12/06)

Principal Place of Business <b>55 NO. WASHINGTON ST. ORMOND BEACH, FL 32174</b>	Mailing Address <b>55 NO. WASHINGTON ST. ORMOND BEACH, FL 32174</b>
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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	Zip Country

4. FEI Number <b>59-1948224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>HEASTER, BARBAREE 15 MOSS POINT DR ORMOND BEACH, FL 32174</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	<b>1075 Ocean Shore Blvd. #702 Ormond Beach FL 32176</b>

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D RITTER, LYNNE STREET ADDRESS 24 IROQUIOS TR CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME Director John Vaslowski STREET ADDRESS 240 Brookline Ave. CITY-ST-ZIP Daytona Beach, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD GOLDBERG, SUE STREET ADDRESS 2 AUDUBON LANE CITY-ST-ZIP FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D KOHEN, MARIAN STREET ADDRESS 74 OAKMONT CIRCLE CITY-ST-ZIP ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME Vice President Sherrie Zuckerman STREET ADDRESS 2 Promenada at dienspau CITY-ST-ZIP Daytona Beach, FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD FREY, MONICA STREET ADDRESS 944 NORTHBROOK DR. CITY-ST-ZIP ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T MAISEL, BARBARA STREET ADDRESS 4894 BRADSHAW CT CITY-ST-ZIP SAN DIEGO, CA 92130	<input type="checkbox"/> Delete	TITLE NAME Treasurer Suzanne Korchan STREET ADDRESS 25 Sugar Mill Ln. CITY-ST-ZIP Flagler Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P KISSELOFF, NANCY STREET ADDRESS 9 ELOISE CIRCLE CITY-ST-ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE NAME President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: John Vaslowski John Vaslowski 1-23-07 (380) 676-0539  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #