

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003272

**FILED
Apr 21, 2006
Secretary of State**

Entity Name: HORENSTEIN DEVELOPMENTS INC.

Current Principal Place of Business:

62 PINKAS ST
TEL AVIV, ISRAEL, IS 62157

New Principal Place of Business:

Current Mailing Address:

C/O NADIA S. EDWARDS, CPA
290 - 174 ST #815
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 98-0430974 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EDWARDS, NADIA S CPA
290 - 174 ST #815
SUNNY ISLES BEACH, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete
Name: HORENSTEIN, ELIAHU
Address: 62 DINKAS ST
City-St-Zip: TEL AVIV, ISRAEL,

Title: VP () Delete
Name: HORENSTEIN, CARMELA
Address: 62 DINKAS ST
City-St-Zip: TEL AVIV, ISRAEL,

Title: S () Delete
Name: HORENSTEIN, RONIT
Address: 62 DINKAS ST
City-St-Zip: TEL AVIV, ISRAEL,

Title: T () Delete
Name: HORENSTEIN, SHMUEL ORI
Address: 62 DINKAS ST
City-St-Zip: TEL AVIV, ISRAEL,

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

SIGNATURE: ELIAHU HORENSTEIN

CDP

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date