


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001612 1. Entity Name HASIDIGRAPHIX, INC.	
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Principal Place of Business 9240 SABLE RIDGE CIRCLE #A BOCA RATON, FL 33428	Mailing Address 9240 SABLE RIDGE CIRCLE #A BOCA RATON, FL 33428
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02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1082563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent KESSLER, ROHN 9240 SABLE RIDGE CIRCLE, #A BOCA RATON, FL 33428	DO NOT WRITE IN THIS SPACE
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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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KESSLER, ROHN 9240 SABLE RIDGE CIRCLE, #A BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, NINAH 9240 SABLE RIDGE CIRCLE, #A BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, TZVI 5729 MONTGOMERY ST. VANCOUVER, BC V6M 2X3 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

00000303158
04/13/05-80096-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Dr. Rohn Kessler X 4/10/05 561-859-4060

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