2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 15, 2006 8:00 am Secretary of State 02-15-2006 90039 012 ****61.25

| 1. Entity Nam | MENT # N21975 GATION B'NAI ZION OF K | A, | | | 02-15-200 | 06 90039 | 012 *** | *61.25 | | |
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| Principal Place of Business 750 UNITED STREET KEY WEST, FL 33040-3251 US Mailing Address 750 UNITED STREE KEY WEST, FL 33040-3251 US KEY WEST, FL 330 | | | -3251 US | | l (Tanisi Bid ((Ts) | | | Lius eirir Pia | 11 B1 18 B | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | 2022006 _{Ci} | hg-NP | CR2E037 | 7 (11/05) | | |
| City & State | | City & State | | 4. | FEI Number 59-283211 | | | Ap | pplied For | |
| Zip | Country | Zip | Country | 5. | Certificate of St | | | 8.75 Add | | |
| | 6. Name and Address of Current | Registered Agent | <u> </u> | 7. | Name and Add | ress of New Ri | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| APPELROUTH, STEWART L. 999 PONCE DE LEON BLVD. SUITE 625 CORAL GABLES, FL 33134 | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| CORALGA | ABLES, PL 33134 | | City | | <u> </u> | | FL | Zip Code | e | |
| | named entity submits this statement fo ions of registered agent. | r the purpose of changing it | s registered office | or registered a | igent, or both, in | the State of Flo | | i amiliar with, | and accept | |
| SIGNATURE . | Stewart h. API | ELRouth | | | | | | | | |
| SIGNATURE . | Stewart h. AP/ Signature, typed or printed name of registered agent | EL ROLT h and title if applicable. (NO | TE: Registered Agent sig | nature required when | reinstating) | | DATE | | | |
| SIGNATURE . | Stewart h. APP Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2006 | 9. Election Ca | TE: Registered Agent sig impalgn Financing Contribution. | \$5 | reinstating) .00 May Be | 1 M | ake check da Depart | payable to ment of St | ate 2 | |
| SIGNATURE | Filing Fee Is \$61.25 | 9. Election Ce Trust Fund | mpalgn Financing | \$5 | .00 May Be | M Flori | ake check da Depart | payable to ment of St | ate () | |
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I nereby certify that the information supplied with this filling 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: