2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# 735748

Entity Name: TEMPLE AHAVAT SHALOM, INC.

Current Principal Place of Business:

1575 CURLEW ROAD
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1575 CURLEW ROAD
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-1848730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KWALL, LOUIS
133 NORTH FT. HARRISON
CLEARWATER, FL 34615 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:	PD	( ) Delete
Name:	JACOB, DAVID	
Address:	166 OLD OAK CIRCLE	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	VP	( ) Delete
Name:	KREIGER, HANS	
Address:	414 CARLISLE COURT	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	VPD	( ) Delete
Name:	WEISS, STEVEN	
Address:	3591 LANDMARK DRIVE	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	FS	( ) Delete
Name:	MATZKOWITZ, ARTHUR	
Address:	20 DEERPATH DR	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	VPD	( ) Delete
Name:	BANDES, ROBERT	
Address:	5248 ENCLAVE DRIVE	
City-St-Zip:	OLDSMAR, FL 34677	
Title:	T	( ) Delete
Name:	COHEN, ROBERT	
Address:	450 PURPLE FINCH WAY	
City-St-Zip:	PALM HARBOR, FL 34683	

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

SIGNATURE: ARLENE COLECCHIA BK 01/12/2006

Electronic Signature of Signing Officer or Director — Date