2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736780

FILED May 27, 2005 Secretary of State

Entity Name: ASSOCIATION FOR JEWISH SPECIAL EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8901 SW 21ST TERRACE MIAMI, FL 33165 **Current Mailing Address: New Mailing Address:** 8901 SW 21ST TERRACE MIAMI, FL 33165 FEI Number: 59-1690944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLS-PALEY, BENEE' 8901 SW 21ST TERRACE MIAMI, FL 33165 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD (X) Change () Addition () Delete SOOTIN, HARVEY GLASSMAN, RUTH Name: Name: 8901 SW 21N TER Address: 6831 SW 147 AVE. Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: MIAMI, FL 33193 Title: Title: (X) Change () Addition () Delete MARCUS, RON Name: ZELLER, DIANA Name: Address: 12800 NE 12TH AVE Address: 5700 SW 127 AVE. #1218 City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33183 Title: () Delete Title: (X) Change () Addition BASS, DENNIS BASS, DENNIS Name: Name: 735 NE 125TH ST 735 NE 125TH ST Address: Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33161 Title: () Delete Title: (X) Change () Addition KLIEMAN, CHARLOTTE Name: Name: KLIEMAN, CHARLOTTE 9921 SW 99TH ST 9921 SW 99TH ST Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: () Change () Addition WEIHNACHT, DANIEL Name: Name: 241 NW 91ST ST Address: Address: City-St-Zip: MIAMI SHORES, FL 33150 City-St-Zip: Title: () Delete Title: () Change () Addition PALEY, HOWARD Name: Name: Address: 1300 ST CHARLES PLACE, # 401 Address: PEMBROKE PINES, FL 33026 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLOTTE KLIEMAN O 05/27/2005