2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 26, 2005 8:00 am Secretary of State **DOCUMENT # 737951** 1. Entity Name 01-26-2005 90010 035 ****61.25 ERNEST AND ROSE SAMUELS FOUNDATION, INC. Principal Place of Business Mailing Address C/O HERBERT D. FELDHEIM C/O HERBERT D. FELDHEIM 8 HILLCREST LANE 8 HILLCREST LANE WOODBURY NY 11797 WOODBURY NY 11797 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1733119 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAPLAN, DAVID H ESQ Street Address (P.O. Box Number is Not Acceptable) 7260 KINGHURST DRIVE SUITE 302 **DELRAY BEACH FL 33446** Zip Code City Fί 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete THILE ☐ Change ☐ Addition FELDHEIM, HERBERT DR. NAME NAME 8 HILLCREST LANE STREET ADDRESS STREET ADDRESS WOODBURY NY CITY-ST-ZIP CITY-ST-ZIP DST TITLE ☐ Delete ☐ Change ☐ Addition FELDHEIM, DEBORAH DR. 11513 WEST HILL DR. STREET ADDRESS STREET ADDRESS ROCKVILLE MD 20852 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition FELDHEIM, ANNA 8 HILLCREST LANE STREET ADDRESS STREET ADDRESS WOODBURY NY 11797 CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

HERBERTD FELDHEIM 1-18-05
RECTOR Date (5.1) Daylor

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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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