

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002972

FILED
Feb 27, 2006
Secretary of State

Entity Name: MOBAT USA, INC.

Current Principal Place of Business:

1721 W. PAUL DIRAC DR.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

1721 W. PAUL DIRAC DR.
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 59-3718061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, S. JAMES
1720 W. PAUL DIRAC DR.
TALLAHASSEE, FL 32310 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: PHILLIPS, S. JAMES
Address: 1720 W. PAUL DIRAC DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: HANA, RAFAEL
Address: 26 HASHOPTIM ST, P.O.B. 267
City-St-Zip: HOLON 58102 ISRAEL,

Title: D () Delete
Name: KATZ, SAMUEL
Address: 26 HASHOPTIM ST, P.O.B. 267
City-St-Zip: HOLON 58102 ISRAEL,

Title: P () Delete
Name: CASPI, CHAIM
Address: 2264 TUSGAVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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:

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

SIGNATURE: JAMES PHILLIPS

ST

02/27/2006

Electronic Signature of Signing Officer or Director

_____ Date