

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004641

FILED
Jan 03, 2012
Secretary of State

Entity Name: ISRAEL EMERGENCY ALLIANCE, INC.

Current Principal Place of Business:

6505 WILSHIRE BLVD., 5TH FLOOR
LOS ANGELES, CA 90048

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341069
LOS ANGELES, CA 900341069

New Mailing Address:

FEI Number: 01-0566033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: P
Name: RENZER, ESTER
Address: 6505 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90048

Title: VP
Name: STEVE, EMERSON
Address: 6505 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90048

Title: VP
Name: LEDERMAN, BRUCE R
Address: 6505 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90048

Title: VP
Name: JANNOL, MARTY
Address: 6505 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90048

Title: VP
Name: LEDERMAN, BRUCE R
Address: 6505 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90048

Title: VP
Name: SAIDOFF, NATY
Address: 6505 WILSHIRE BLVD., 5TH FLOOR
City-St-Zip: LOS ANGELES, CA 90048

I hereby 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 all other like empowered.

SIGNATURE: JERRY ROTHSTEIN

COO

01/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date