

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004099

FILED
Mar 20, 2007
Secretary of State

Entity Name: ISRAEL CANCER ASSOCATION (USA) CORP.

Current Principal Place of Business:

525 S. FLAGLER DRIVE
SUITE 202
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

525 S. FLAGLER DRIVE
SUITE 202
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 13-6218184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EPSTEIN, RONNI
525 S. FLAGLER DRIVE
SUITE 202
WEST PALM BEACH, FL 33401 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: DIR () Delete
Name: EPSTEIN, RONNI
Address: 525 S. FLAGLER DRIVE, SUITE 202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PRES () Delete
Name: BROWN, PETER
Address: P.O. BOX 2692
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Delete
Name: MARKS, NEVILLE MD
Address: 223 SUNSET AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: SEC () Delete
Name: LABOSSIERE, ALLISON
Address: 2875 S. OCEAN BLVD.
City-St-Zip: PALM BEACH, FL 33480

Title: TRES () Delete
Name: LEVINE, JOEL
Address: 505 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP (X) Delete
Name: POPPEL, HARVEY
Address: 302 ATLANTIC AVE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: APPLE, ROY
Address: 350 ROYAL PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VP (X) Change () Addition
Name: POPPEL, HARVEY
Address: 302 ATLANTIC AVE
City-St-Zip: PALM BEACH, FL 33480

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: RONNI EPSTEIN

DIR

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date