2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N00000007469

Entity Name: ISRAEL CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

580 SUNDOWN LANE
EVERGREEN, CO 80439

New Principal Place of Business:

Current Mailing Address:

580 SUNDOWN LANE
EVERGREEN, CO 80439

New Mailing Address:

FEI Number: 84-1565600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRUCKER, ANDREW H
1570 MADRUGA AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

DRUCKER, ANDREW H
3081 SALZEDO STREET
CORAL GABLES, FL 33134 US

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: _____ 04/17/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRODSKY, JACK D
Address: 580 SUNDOWN LANE
City-St-Zip: EVERGREEN, CO 80439

Title: VPD ( ) Delete
Name: RICE, SYLVIA
Address: 1545 EULCID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD ( ) Delete
Name: BRODSKY, JOY E
Address: 580 SUNDOWN LANE
City-St-Zip: EVERGREEN, CO 80439

Title: D ( ) Delete
Name: MEITUS, DANIEL H
Address: 10189 E. BERRY DR.
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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 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: JACK D. BRODSKY PD 04/17/2008
Electronic Signature of Signing Officer or Director — Date