


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N01000008414
 1. Entity Name
TORAS CHAIM DEVELOPMENT CORPORATION, INC.



Principal Place of Business C/O RABBI YISROEL NIMAN 1025 N.E. MIAMI GARDENS DR NORTH MIAMI BEACH, FL 33179	Mailing Address C/O RABBI YISROEL NIMAN 1025 N.E. MIAMI GARDENS DR NORTH MIAMI BEACH, FL 33179
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04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1157826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAIT, RABBI BENTZION
 C/O YESHIVA TORAS EMES
 1025 N. E. MIAMI GARDENS DRIVE
 NORTH MIAMI BEACH, FL 33179

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP LAMPERT, ARON 4485 N MERIDIAN AVE M.B., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV CHAIT, BENTZION RABBI 665 N.E. 175 ST N.M.B., FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS NIMAN, YISROEL RABBI 4595 NAUTILUS CT M.B., FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT LUBAN, BINYOMEN RABBI 930 NE 175 ST N.M.B., FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT RUBIN, JONATHAN DR. 4541 NORTH BAY ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/23/07-80088-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: 4/29-07 Daytime Phone #: 305-988-5384