


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90144 023 ****70.00

DOCUMENT # N03000007274	
1. Entity Name HAMASHIACH TSEDKAYNU, INC.	

Principal Place of Business 1351 BEVILLE RD DAYTONA BCH, FL 32114	Mailing Address 1351 BEVILLE RD DAYTONA BCH, FL 32114
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03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 37-1470200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
GRASS, EDWARD 17 BRANDY HILLS DR PORT ORANGE, FL 32129	

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 renewing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCH GRASS, EDWARD 17 BRANDY HILLS DR PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROCKETT, SEAN 55 RICHMOND DR DELTONA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETRY, TOM DELETE 2000 BISHOP ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDERMOTT, TOM 69 CYPRESS IN THE WOOD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAEGER, LEE 148 MARIE DR 955 D GRAYLING COURT PORT INLET, FL 32127 PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEHNEL, RICHARD H. 1256 VALLEY FORGE DRIVE DAYTONA BCH, FL 32119

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4-18-05 386-760-0923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #