2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# N04000000520

Entity Name: THE HOUSE OF ISRAEL REUNITED, INC.

Current Principal Place of Business:

318 S. OSCEOLA AVENUE
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

318 S. OSCEOLA AVENUE
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 81-0642409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLS, PAULA G
318 S. OSCEOLA AVENUE
INVERNESS, FL 34452 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:	D	( ) Delete
Name:	ROWE, ROBERT H	
Address:	5700 E BLUE HERON LANE	
City-St-Zip:	INVERNESS, FL 34452	
Title:	PD	( ) Delete
Name:	LOU GILBERT, RABBI M	
Address:	457 N. ROOKS AVENUE	
City-St-Zip:	INVERNESS, FL 34453	
Title:	STD	( ) Delete
Name:	WALLS SR, LAWRENCE W RABBI	
Address:	318 S. OSCEOLA AVENUE	
City-St-Zip:	INVERNESS, FL 34452	
Title:	D	( ) Delete
Name:	FREEMAN, BYRON	
Address:	12351 S HYACINTH DR	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	DVP	( ) Delete
Name:	HARMON, MARK A RABBI	
Address:	15 SPRING LAKE WAY	
City-St-Zip:	OCALA, FL 34472	

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:	
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: LAWRENCE W WALLS SR STD 03/30/2007
Electronic Signature of Signing Officer or Director — Date