


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004909 1. Entity Name OHEL CHAI, INC.	
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Principal Place of Business C/O AALTJE 100 CAPE SABLE DR NAPLES FL 34104	Mailing Address PO BOX 04-487 C/O B.R. BROOKLYN NY 11204
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 77-0638751	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATE REGSITERED AGENT, LLC 5147 CASTELLO DR NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P RUBIN, HYMAN	TITLE	
NAME		NAME	
STREET ADDRESS	5208 19TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11204	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	ROTTENBERG, MALKA	NAME	
STREET ADDRESS	4701 15TH AVE., #18	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11219	CITY-ST-ZIP	
TITLE	C	TITLE	
NAME	GRINTAS, MOSHE	NAME	
STREET ADDRESS	1850 53RD ST.	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	RUBIN, JACOB	NAME	
STREET ADDRESS	1500 OCEAN PARKWAY, SUITE 5-L	STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11230	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *H. Rubin*

4/20/06