2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000005225

RT FILED Aug 07, 2007 Secretary of State

Entity Nan	ne: CHESED F	FOUNDATION, INC				
Current Principal Place of Business:			New Principal Place of Business:			
SUITE C-1	T MOORE RD 11 #235 FON, FL 33496					
Current Mailing Address:			New Mailing Address:			
SUITE C-1	T MOORE RD 11 #235 FON, FL 33496					
FEI Number:	20-1174559	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name an	Name and Address of New Registered Agent:		
SUITE C-1	T MOORE RD	US				
The above in the State	named entity so of Florida.	ubmits this statement for the pu	rpose of changing	its registered o	ffice or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			t	Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () I MILLER, BOBBI 10393 CANOE B BOCA RATON, F		Title: Name: Address: City-St-Zip:	PD () JORDAN, MELI 17422 36TH CT LOXAHATCHEI	. N.	
Title: Name: Address: City-St-Zip:	D () I RESNICK, JONA 17910 MONTE V BOCA RATON, F	ISTA DRIVE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D/O () I SULEWSKI, DIAI 18374 104TH TE BOCA RATON, F	RRACE SOUTH	Title: Name: Address: City-St-Zip:	GOLD, CAROL 108 W. RIVO A	LTO DRIVE	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	S () FRIEDMAN, CO 4500 N.W. 25 T BOCA RATON,	TH WAY	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	DICOSTANZO,	RY CREEK DRIVE	

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: BOBBI MILLER D 08/07/2007