2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007607

FILED Jan 04, 2006 Secretary of State

Entity Name: CONGREGATION OHEL RACHEL LEAH INC. **Current Principal Place of Business: New Principal Place of Business:** 8546 PALM PKWY. LAKE BUENA VISTA, FL 32836 **Current Mailing Address: New Mailing Address:** 8546 PALM PKWY LAKE BUENA VISTA, FL 32836 FEI Number: 20-1752026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOR, RAFAEL 13037 MULBERRY PARK DR. ORLANDO, FL 32821 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOR, RAFAEL Name: Name: Address: 8546 PALM PKWY. Address: City-St-Zip: LAKE BUENA VISTA, FL 32836 City-St-Zip: Title: Title: () Delete () Change () Addition SAAVEDRA, ELBA Name: Name: Address: 8546 PALM PKWY. Address: LAKE BUENA VISTA, FL 32836 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MOR, DINA Name: Name: 8546 PALM PKWY. Address: Address: City-St-Zip: LAKE BUENA VISTA, FL 32836 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: RAFAEL MOR P 01/04/2006