2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N07000008906

Entity Name: BEIT MORESHET, INC.

Current Principal Place of Business:

9596 OREGON ROAD
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

PO BOX 811323
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAWER, IRA
9596 OREGON ROAD
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

BRAWER, IRA
22095 ATAMAN STREET
BOCA RATON, FL 33428 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: 04/24/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BRAWER, IRA RABBI
Address: 9596 OREGON ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: DIR. ( ) Delete
Name: CIPORKIN, PETER
Address: 9596 OREGON ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: DIR. ( ) Delete
Name: HUTCHER, JESSE
Address: 9596 OREGON ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: DIR. ( ) Delete
Name: KIVELOWITZ, GARY RABBI
Address: 9596 OREGON ROAD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BRAWER, IRA RABBI
Address: 22095 ATAMAN STREET
City-St-Zip: BOCA RATON, FL 33428

Title: DIR. (X) Change ( ) Addition
Name: CIPORKIN, PETER
Address: 804 CYPRESS GROVE LANE
City-St-Zip: POMPANO BEACH, FL 33069

Title: DIR. (X) Change ( ) Addition
Name: HUTCHER, JESSE
Address: 11186 LADINO STREET
City-St-Zip: BOCA RATON, FL 33428

Title: DIR. (X) Change ( ) Addition
Name: KIVELOWITZ, GARY
Address: 2336 HAMPSTEAD AVE.
City-St-Zip: CLERMONT, FL 34711

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: IRA BRAWER PRES 04/24/2008
Electronic Signature of Signing Officer or Director — Date