

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30948

FILED  
Feb 27, 2005  
Secretary of State

Entity Name: KOL MASHIACH, INC.

## Current Principal Place of Business:

2420 WILDWOOD DR.  
C/O ALAN M. LEVINE  
MELBOURNE, FL 32935 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 360252  
C/O ALAN M. LEVINE  
MELBOURNE, FL 32936 US

## New Mailing Address:

FEI Number: 59-2962706      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVINE, ALAN M.  
2420 WILDWOOD DRIVE  
MELBOURNE, FL 32935 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: LEVINE, ALAN M.,  
Address: 2420 WILDWOOD DR.  
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete  
Name: LEVINE, DIANA,  
Address: 2420 WILDWOOD DR.  
City-St-Zip: MELBOURNE, FL

Title: D ( ) Delete  
Name: REEVES, PAUL  
Address: PO BOX 700796  
City-St-Zip: WABASSO, FL 32970

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN M. LEVINE

PRES

02/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date