2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N30948

Entity Name: KOL MASHIACH, INC.

Current Principal Place of Business:

1621 LAKE WASHINGTON RPAD
MELBOURNE, FL 32935 US

New Principal Place of Business:

1621 LAKE WASHINGTON ROAD
MELBOURNE, FL 32935 US

Current Mailing Address:

PO BOX 360252
C/O RABBI 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 RABBI
1621 LAKE WASHINGTON ROAD
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

Title: D ( ) Delete
Name: DIBELLA, ROBERT
Address: 1499 SOUTHPOINTE CT.
City-St-Zip: MELBOURNE, FL 32940

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALAN M. LEVINE D 01/16/2009

Electronic Signature of Signing Officer or Director — Date