


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002712
 1. Entity Name
THE KABBALAH CENTRE OF FLORIDA, INC.



Principal Place of Business Mailing Address
8411 PALMETTO PARK RD. **8411 PALMETTO PARK RD.**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE



02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0638140** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
THE KABBALAH CENTER
8411 W.PALMETTO PARK RD.
BOCA RATON, FL 33433

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000465909
 03/22/06-80052-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDOON, ABRAHAM 8411 WEST PALMETTO PARK RD BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARFATI, SHIMON 8411 WEST PALMETTO PK RD BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARFATI, DORIT RACHEL 8411 WEST PALMETTO PARK RD BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDOON, NITZA SARAH 8411 WEST PALMETTO PARK RD BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shimon Sarfati **Shimon Sarfati** 3/16/06 561.488.8824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #