


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002712

1. Entity Name
THE KABBALAH CENTRE OF FLORIDA, INC.



Principal Place of Business 8411 PALMETTO PARK RD. BOCA RATON, FL 33433	Mailing Address 1062 S. ROBERTSON BLVD LOS ANGELES, CA 90035
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0638140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

U00000950993
 06/04/08-80013-018 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: Dorit Rachel Sarfati Director Date 5/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #