## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # N96000000034 1. Entity Name MITZPAH, LTD., INC. Principal Place of Business Mailing Address 1602 BAYSHORE GARDENS PARKWAY 1602 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 BRADENTON, FL 34207 04252006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0637093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUDAK, G. LEE DO NOT WRITE 1602 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207 IN THIS SPACE 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, typed or printed name of registered agont and little if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2006 10. OFFICERS AND DIRECTORS TITLE NAME HUDAK, J. GORDON U00000539933 STREET ADDRESS 1602 BAYSHORE GARDENS PARKWAY 05/09/06-80118-013 61.25 CITY-ST-ZIP BRADENTON, FL TitiE NAME SIMON, DANIEL J STREET ADDRESS 845 PINE STREET · . - · . · . - <del>. . · .</del> · . . . CITY-ST-ZIP PERRYSBURG, OH TITLE NAME CLEMENS, MICHAEL G STREET ADDRESS 3940 5TH AVE WEST DO NOT WRITE CITY-ST-ZIP PALMETTO, FL IN THIS SPACE TITLE SD NAME HUDAK, G. L STREET ADDRESS 1602 BAYSHORE GARDENS PKWY CITY-ST-ZIP BRADENTON, FL TITLE

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this genor as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter do not not a state the part with at a fighter with all states.

SIGNATURE:

WILSON, LINDA M

102 49TH STREET

RILEY, PATRICK F

4141 IFFLAND RD BLISSFIELD, MI 49228

HOLMES BEACH, FL

MAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR