## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # N97000006435

1. Entity Name

Principal Place of Business

DEERFIELD BEACH, FL 33442-6020 US

2795 SW 14TH CT

FOCUS ON ISRAEL INTERNATIONAL, INC.

Mailing Address

2795 SW 14TH CT

DEERFIELD BEACH, FL 33442-6020 US

FILED
May 02, 2008 08:00 AN
had Secretary of State
4-30-01



04282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0818399

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIERS, LINDA L 2795 SW 14TH CT DEERFIELD BEACH, FL 33442-6020

## DO NOT WRITE 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			
		tion Campaign Financing \$5.00 May Be t Fund Contribution.	U00000944770 05/29/08-80113-007 61.25
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERS, LINDA L 2795 SW 14TH CT DEERFIELD BEACH, FL 334426020		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREASMAN, HERCHEL 201 N UNIVERSITY DR CORAL SPRINGS, FL 33077		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, JASON 13831 ONEIDA DR APT A-1 DELRAY BEACH, FL 33446	D(	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY- ST- ZIP			
12. Thereby 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 oath, that I am an officer or director			

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 ordin, 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 prother like impowered.

LINDA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2008 954-857-119

Daytima Phone #