


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # N98000000064

1. Entity Name
MIGDAL OHR, INC.



Principal Place of Business
**4045 SHERIDAN AVE.,STE.217
 MIAMI BEACH, FL 33140**

Mailing Address
**4045 SHERIDAN AVE.,STE.217
 MIAMI BEACH, FL 33140**



05082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874316	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DONNER, NUCHUM
 4045 SHERIDAN AVE.,STE.217
 MIAMI BEACH, FL 33140**

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 _____ 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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMPSON, BERNARD 7037 WOODMONT WAY TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DONNER, NUCHUM 4045 SHERIDAN AVE.,STE.217 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNGREIS, MEIR 3605 FLAMINGO DR. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNGEIS, NILLIE 3605 FLAMINGO DR. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARRO, STEVE 4010 CHASE AVE.,APT.215 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/31/07-80015-002 70.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____