



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000000279 1. Entity Name PROJECT SHOFAR, INCORPORATED	
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Principal Place of Business P O BOX 181191 CASSELBERRY, FL 32718	Mailing Address P O BOX 181191 CASSELBERRY, FL 32718
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DO NOT WRITE IN THIS SPACE



05022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3487408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, JON
1700 PERCH LANE
SANFORD, FL 32771**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000947261 06/02/08-80007-007 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, JON 1700 PERCH LANE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'BRYANT, JIM 5066 TANGERINE AVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDPT COOPERBERG, GARY M 16 YEHOASHUA BEN NUN ST KERUAT ARBA, ISRAEL, 90100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Jon Klein* JON KLEIN PRESIDENT 5-2-08 407-330-0302

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