2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000279

FILED Jan 28, 2009 Secretary of State

| Entity Nar | ne: PROJEC | CT SHOFAR, INCORPORATED | | • | |
|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| P O BOX 181191 CASSELBERRY, FL 32718 | | | 1700 PERCH LANE SANFORD, FL 3277 | 1700 PERCH LANE SANFORD, FL 32771 | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| P O BOX 1 CASSELBE | 81191 ERRY, FL 32 | 2718 | | | |
| FEI Number: | 59-3487408 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| KLEIN, JOI 1700 PERO SANFORD | N CH LANE), FL 32771 | US | | | |
| | named entity of Florida. | submits this statement for the po | urpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | onic Signature of Registered Age | nt | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (KLEIN, JON 1700 PERCH SANFORD, FI | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS (O'BRYANT, JI 5066 TANGER WINTER PAR | RINE AVE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | COOPERBER 16 YEHOSHU |) Delete :G, GARY M A BEN NUN ST A, ISRAEL, 90100 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON KLEIN PRES 01/28/2009