2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001072

Entity Name: GATES OF ZION, INC.

Apr 22, 2004 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

8789 SAN JOSE BOULEVARD 10530 COPPER LAKE DRIVE **SUITE #304** BONITA SPRINGS, FL 33135

JACKSONVILLE, FL 32217 **Current Mailing Address:**

New Mailing Address:

MILLER, RAY D

5508 BROADMOOR STREET ALEXANDRIA, VA 22315 US

FEI Number: 59-3501950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COHEN, ROBERT M 8789 SAN JOSE BOULEVARD

SUITE #304

10530 COPPER LAKE DRIVE BONITA SPRINGS, FL 33135 US JACKSONVILLE, FL 32217

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.

SIGNATURE: RAY D. MILLER 04/22/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

COHEN, ROBERT M Name: MILLER, RAY D Name: 8789 SAN JOSE BLVD STE 304 Address: 10530 COPPER LAKE DRIVE Address:

City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: BONITA SPRINGS, FL 33135 US

Title: PCT () Delete Title: () Change () Addition

BERNSTEIN, JEFFREY Name: Name: Address: PO BOX 2997 Address: City-St-Zip: GAITHERSBURG, MD 20882 City-St-Zip:

Title: () Delete Title: () Change () Addition

ROTH, SID Name: Name: Address: PO BOX 1918 Address: City-St-Zip: BRUNSWICK, GA City-St-Zip:

Title: (X) Delete Title: () Change () Addition

SHISHKOFF, ELTON Name: Name: OHALEJ RACHAMLON CURY REGATKER Address: Address: City-St-Zip: GAITHERSBURG, MD 208826 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAY D. MILLER STD 04/22/2004