

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114056

Entity Name: GEMATRIA CENTER, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

2734 OLD U.S. HIGHWAY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

2734 OLD U.S. HIGHWAY 441
MOUNT DORA, FL 32756

Current Mailing Address:

PO BOX 1729
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 59-3696179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARAMA, OSHA
2734 OLD U.S. HWY 441
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

HARAMA, OSHA
1335 ELRAY BLVD
MOUNT DORA, FL 32757 US

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: OSHA HARAMA

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARAMA, OSHA
Address: 1335 ELRAY BLVD.
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: BEN-ATRI, ZEBON
Address: POST OFFICE BOX 1729
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: BEN-AVARI, B'JAIA
Address: POST OFFICE BOX 1729
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: B'NAI, EARMASON
Address: POST OFFICE BOX 1729
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARAMA, OSHA
Address: POST OFFICE BOX 1729
City-St-Zip: MOUNT DORA, FL 32756

Title: D (X) Change () Addition
Name: B'NAI, SHINAH
Address: POST OFFICE BOX 1729
City-St-Zip: MOUNT DORA, FL 32756

Title: D (X) Change () Addition
Name: CHARANDA, THORAM
Address: POST OFFICE BOX 1729
City-St-Zip: MOUNT DORA, FL 32756

Title: D (X) Change () Addition
Name: SANTIAGA, ZEBA
Address: POST OFFICE BOX 1729
City-St-Zip: MOUNT DORA, FL 32756

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSHA HARAMA

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date