2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000114056

1. Entity Name
GEMATRIA CENTER, INC.

Principal Place of Business	Mailing Address
2734 OLD U.S. HIGHWAY 441 MOUNT DORA, FL 32756	PO BOX 1729 MOUNT DORA, FL 32756

07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3696179

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARAMA, OSHA
1335 ELRAY BLVD
MOUNT DORA, FL 32757

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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 Osha Harama OSHA HARAMA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

U00000570121
07/13/06-80020-005 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARAMA, OSHA
STREET ADDRESS	POST OFFICE BOX 1729
CITY-ST-ZIP	MOUNT DORA, FL 32756
TITLE	D
NAME	B'NAI, SHINAH
STREET ADDRESS	POST OFFICE BOX 1729
CITY-ST-ZIP	MOUNT DORA, FL 32756
TITLE	D
NAME	CHARANDA, THORAM
STREET ADDRESS	POST OFFICE BOX 1729
CITY-ST-ZIP	MOUNT DORA, FL 32756
TITLE	D
NAME	SANTIAGA, ZEBA
STREET ADDRESS	POST OFFICE BOX 1729
CITY-ST-ZIP	MOUNT DORA, FL 32756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Osha Harama OSHA HARAMA 7/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #