2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME

Feb 06, 2008 08:00 AM **DOCUMENT # P02000064436 Secretary of State** 1. Entity Name JERUSALEM, INC. Principal Place of Business Mailing Address 366 GRANADA PL SHOPPING CENTER 366 GRANADA PL SHOPPING CENTER ORMOND BCH, FL 32174 ORMOND BCH, FL 32174 the second of a graph of the court of the angular between the contract a contract with the contract of the court of the co No Chg-P CR2E034 (11/05) 01092008 EIN I FISH AND THE STATE OF THE Applied For 4. FEI Number 02-0614091 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MORALI, YEHUDA 3 SWEET MEADOW CT ORMOND BCH, FL 32174 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, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) DATE U00000917643 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/15/08-80010-022 150**.00** Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MORALI, YEHUDA NAME STREET ADDRESS 3 SWEET MEADOW CT The same of the sa CITY-ST-ZIP ORMOND BCH, FL. 32174 The state of the second se TITLE NAME STREET ADDRESS The fight to the first thank to have been been CITY-ST-ZIP ું તું કહ્યું છે ત્યારા મુખ્યમાં મેટ્ર મહિલાનું તેમાં કરો છે. જો માટે જો છે. છે. AND THE PROPERTY OF THE PARTY. NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP with the applications of a copy TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 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

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