
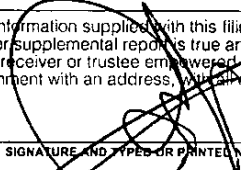


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90139 017 ***150.00

DOCUMENT # P02000133717			
1. Entity Name ISRA HOMES, INC.			
Principal Place of Business 1705 49TH STREET SOUTH ST PETERSBURG, FL 33707 US		Mailing Address 3773 CENTRAL AVENUE SAINT PETERSBURG, FL 33713 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 55368	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST PETERSBURG FL	
Zip	Country	Zip	Country
		33732	USA
4. FEI Number 51-0439017		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WINEBRENNER, JACK M 3773 CENTRAL AVENUE ST PETERSBURG, FL 33713		Name	
		Street Address (P.O. Box Number is Not Acceptable) 8950 Dr Martin Luther King St North	
		Suite 130	
		City	FL Zip Code
		St Petersburg	33702
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIMSHONI, MICHAEL	NAME	
STREET ADDRESS	1705 49TH STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33707	CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERMAN, ARIEL	NAME	
STREET ADDRESS	P.O. BOX 67261	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33736	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 reports 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: 		Ariel Bergerman	
		12/27/07	
		727/327-1202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	