


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-28-2006 90207 020 ***150.00

DOCUMENT # P05000099535			
1. Entity Name OLIVE TREE OF LAUDERHILL, INC.			
Principal Place of Business 120 SPARROW DRIVE #108 ROYAL PALM BEACH, FL 33411		Mailing Address 120 SPARROW DRIVE #108 ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business 1909 Haverhill Road North Suite, Apt. #, etc. Unit # 1		3. Mailing Address 1909 Haverhill Road North Suite, Apt. #, etc. Unit # 1	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33417	Country Palm Beach	Zip 33417	Country Palm Beach
4. FEI Number 20-3188158		<input checked="" type="checkbox"/> 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 FEDER-GLASER, HEDY 2919 E. NORTH MILITARY TRAIL #380 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name: Hedy Feder-Glaser Street Address (P.O. Box Number is Not Acceptable): 1909 Haverhill Road North Unit # 1 City: W.P.B., FL Zip Code: 33417	
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: <i>Hedy Glaser</i> DATE: 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PST CASSUTO, JOSEPH I 120 SPARROW DRIVE #108 ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Cassuto, Joseph F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 146 Golden Beach Drive Golden Beach, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, will or other like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: 4/26/06 DAYTIME PHONE #: 305-992-6897	

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