

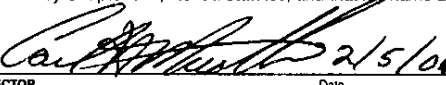


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90038 026 ****61.25

DOCUMENT # 737037 1. Entity Name AMARA TEMPLE HOLDING CORPORATION, INC.					
Principal Place of Business 3650 R.C.A. BLVD. PALM BEACH GARDENS, FL 33410			Mailing Address PO BOX 30335 WEST PALM BEACH, FL 33420-0335		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7431647	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MUELLER, CARL H 3616 A RD P.O. BOX 7 LOXAHATCHEE, FL 33470				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 CARL H MUELLER, SECRETARY <small>Signature, typed or printed name of registered agent and title if applicable.</small>				 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUND, ARTHUR E		NAME	FOUND, ARTHUR E	
STREET ADDRESS	16702 87TH CT		STREET ADDRESS	16702 87TH COURT	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, CARL H		NAME	MUELLER, CARL H	
STREET ADDRESS	3616 A RD (P.O. BOX 7)		STREET ADDRESS	3616 A RD (PO BOX 7)	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIGLORIA, ROBERT		NAME	MEELER, CHARLES G	
STREET ADDRESS	736 SANDY POINT LANE		STREET ADDRESS	6456 ROBINSON STREET	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33410		CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBIN, ARTHUR		NAME	DUBIN, ARTHUR I	
STREET ADDRESS	6401 PUMPKIN SEED CIR., #219		STREET ADDRESS	6401 PUMPKIN SEED CIRCLE #219	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, ARTHUR		NAME	HARRIS, ARTHUR	
STREET ADDRESS	4567 HAZELTON LN		STREET ADDRESS	4567 HAZELTON LN	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, MICHAEL		NAME	TOWNSEND, JACK	
STREET ADDRESS	8667 150TH COURT N.		STREET ADDRESS	3827 BEGONIA STREET	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
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 617, 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: CARL H MUELLER, SECRETARY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			 <small>Date</small>		
			<small>Daytime Phone #</small> 561 627-2100		