


**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 496329 1. Entity Name ORA CORPORATION	
---	---

Principal Place of Business 11482 W BAYSHORE DR. CRYSTAL RIVER, FL 34429 US	Mailing Address 11482 W BAYSHORE DR. CRYSTAL RIVER, FL 34429 US
---	---



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2380094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JOHNSON, REBECCA B 11482 W BAYSHORE DR. CRYSTAL RIVER, FL 34429
--

DO NOT WRITE 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 _____
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 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<small>For filing fee, please attach a check or money order payable to the Secretary of State. No cash payments will be accepted.</small>
--	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KING, ROBERT O 11482 W BAYSHORE DR. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS BUCKHOUT, ANN 289 STEPHEN HANDS PATH EAST HAMPTON, NY 11937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS JOHNSON, REBECCA B 11482 W BAYSHORE DR. CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000771840 08/10/07-80003-004 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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: Ann Buckhout ANN BUCKHOUT 7/11/07 (352) 795-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #