

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90064 038 ***150.00

DOCUMENT # F97000003801 1. Entity Name ORA REALTY, INC.					
Principal Place of Business 79687 COUNTRY CLUB DR. STE. 201 INDIO, CA 92201			Mailing Address 79687 COUNTRY CLUB DR. STE. 201 INDIO, CA 92201		
2. Principal Place of Business <i>79687 Country Club Dr</i> Suite, Apt. #, etc. <i>Suite 201</i> City & State <i>Bermuda Dunes, CA</i> Zip <i>92203</i> Country <i>USA</i>		3. Mailing Address <i>79687 Country Club Dr</i> Suite, Apt. #, etc. <i>Suite 201</i> City & State <i>Bermuda Dunes, CA</i> Zip <i>92203</i> Country <i>USA</i>			
4. FEI Number 62-1657669				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01132005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVENUE, SUITE 1 STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005 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	CFO PICKETT, STAN 91333 COBURG INDUSTRIAL WAY EUGENE, OR 97408 <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	P PETTY, RONALD 79687 COUNTRY CLUB DR., STE. 201 INDIO, CA 92201 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bermuda Dunes, CA 92203</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GROSS, SHELDON J 102 WILMOT RD., STE. 220 DEERFIELD, IL 60015 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>111 Pfingsten Road, Suite 114</i> <i>Deerfield, IL 60015</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHOELLHORN, ROBERT A 91333 COBURG INDUSTRIAL WAY EUGENE, OR 97408 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Schoellhorn, Robert A.</i> <i>91333 Coburg Industrial Way</i>	
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 exemption stated in Section 119.07(3)(i), 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: <i>Ronald W. Petty</i> Ronald W. Petty 1-14-05 760 345-2040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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