2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # F97000003801** 1. Entity Name 05 MAY 24 AM 10: 18 ORA REALTY, INC. GETARY OF STATE ALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 79687 COUNTRY CLUB DR. 79687 COUNTRY CLUB DR. STE. 201 STE. 201 INDIO, CA 92203 INDIO, CA 92203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 05172005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 62-1657669 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III Street Address (P.O. Box Number is Not Acceptable) 555 COLORADO AVENUE, SUITE 1 STUART, FL 34994 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CFO Delete ☐ Change ☐ Addition TITLE TITLE PICKETT, STAN NAME NAME 91333 COBURG INDUSTRIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUGENE, OR 97408 CITY-ST-ZIP TITLE ☐ Delete TITLE PETTY, RONALD NAME NAME STREET ADDRESS 79687 COUNTRY CLUB DR., STE. 201 STREET ADDRESS CITY-ST-7IP BERMUDA DUNES, CA 92203 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | GROSS, SHELDON J NAME NAME 111 PFINGSTEN ROAD SUITE 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD, IL 60015 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition Addition SCHOELLHORN, ROBERT A NAME NAME 91333 COBURG INDUSTRIAL PKWY STREET ADDRESS STREET ADDRESS CITY+SI-ZIP EUGENE, OR 97408 CITY-ST-7IP ■ Addition TITLE ☐ Delete TITLE ☐ Change Gary W. Stephenson NAME NAME STREET ADDRESS STREET ADDRESS 1 Resorts Blud. CITY-ST-ZIP CITY-ST-ZIP Toxaway ☐ Delete TITLE TITLE ☐ Change ■ 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 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 by 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 attactment with analysis with all piler like empowered. Konald W. Petti