

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000003801

1. Entity Name
ORA REALTY, INC.



Principal Place of Business
**79687 COUNTRY CLUB DR.
STE. 201
INDIO, CA 92203**

Mailing Address
**79687 COUNTRY CLUB DR.
STE. 201
INDIO, CA 92203**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1657669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRARY, LAWRENCE E III
555 COLORADO AVENUE, SUITE 1
STUART, FL 34994**

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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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CFO
NAME	PICKETT, STAN
STREET ADDRESS	91333 COBURG INDUSTRIAL WAY
CITY-ST-ZIP	EUGENE, OR 97408
TITLE	P
NAME	PETTY, RONALD
STREET ADDRESS	79687 COUNTRY CLUB DR., STE. 201
CITY-ST-ZIP	BERMUDA DUNES, CA 92203
TITLE	STD
NAME	GROSS, SHELDON J
STREET ADDRESS	111 PFINGSTEN ROAD SUITE 114
CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	CEO
NAME	SCHOELLHORN, ROBERT A
STREET ADDRESS	91333 COBURG INDUSTRIAL PKWY
CITY-ST-ZIP	EUGENE, OR 97408
TITLE	V
NAME	STEPHENSON, GARY W
STREET ADDRESS	1 RESORTS BLVD
CITY-ST-ZIP	LAKE TOXAWAY, NC 28747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000409742
02/09/06-80007-025 150.00

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IN THIS SPACE**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Ronald W. Petty **RONALD W. PETTY** 1-11-06 760-345-2046