## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # H98946  1. Entity Name THE AMERA CORPORATION					04-25-2006 90103 004 ***158.75			
Principal Place of Business Mailing Address					İ			
,		2900 UNIVERSITY DR						
2900 UNIVERSITY DR CORAL SPRINGS, FL 33065 US		CORAL SPRINGS, FL 33065 US						
001012 31 101100, 12 00000		301012 37 1011007 12 33035			]			
2. Principal Place of Business		3. Mailing Address		<b>1   1   1   1   1   1   1   1   1   1  </b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03022006	Chg-P	CR2E034 (11/05)	
C1. 1 C1.		City & State			4. FEI Numbe			plied For
City & State		City & State			59-264		<u>}}-</u>	t Applicable
Zip Country		Zip Country			33-204.	337 1	¢0.75	
	Country		Quanty		5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent		_	7. Name and	Address of New F	· · · · · · · · · · · · · · · · · · ·	
				ame				
RAHAEL, GEORGE								
2900 UNIVERSITY DR				Street Address (P.O. Box Number is Not Acceptable)				
CORALSE	PRINGS, FL 33065							
			City	/			FL Zip Cod	е
8. The above	named entity submits this statement for	or the purpose of changing its	registered office	ce or register	red agent or bot	h in the State of El	orlda. Lam familiar with	and accept
	ions of registered agent.	and party occurs and angling no	.og.oto.ou om	ou al rogiolai	00 ug 01 u, 01 00 u		oned rain arma man	and dooops
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 \$5.00 May Be Trust Fund Contribution.   Added to Fees								
	-							
10.	OFFICERS AND		11.			CHANGES TO OFF	FICERS AND DIRECTOR	
TITLE			TITLE	CEO			Change	Addition
NAME			NAME		ahael, George			
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	_	2900 University Drive			
				Cora	Coral Springs, FL 33065			
HTLE	SV RAHAEL PAULINE	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	i.		NAME STREET ADDR	acce.				
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	1				
	DV	П		DP			N/I Channa	
TITLE NAME	RAHAEL, GISELE	☐ Delete	TITLE NAME	ŧ	el, Gisele			Addition
STREET ADDRESS	2900 UNIVERSITY DRIVE		STREET ADDR		University D	rivo		:
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP	2000	Springs, FL			
TITLE	0.14.100,7.2.0000	☐ Delete	TITLE	Cora	Springs, FL	33065	☐ Change	Addition
NAME		L. Delete	NAME				☐ Cliginge	Addition
STREET ADDRESS			STREET ADDI	RESS				
CITY-ST-ZIP			CITY-ST-ZIP	,				
TITLE		☐ Delete	TITLE				☐ Charige	Addition
NAME			NAME				_	
STREET ADDRESS			STREET ADDR	RESS				
CITY-ST-ZIP			CITY-ST-ZIP	·				_
TITLE		☐ Delete	TITLE			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	☐ Addition
NAME			NAME	-			•	
STREET ADDRESS			STREET ADDI	RESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIF	<u> </u>				
					4 in Charles 440	Clasida Ctatutas	I further certify that the i	

2. Thereby certify that the information supplied with this filling 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 attactor.

SIGNATURE:

Gisele Rahael, President

4/15/06 Date 954-753-9500

Daytime Phone #