2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2008 08:00 Al Secretary of State DOCUMENT # P00000032596 1. Entity Name AMERA-TECH, INC. Principal Place of Business Mailing Address 17473 A JEAN ST. 17473 A JEAN ST. FORT MYERS, FL 33967 FORT MYERS, FL 33967 CR2E034 (11/05) 01082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0997338 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UHL, JANET L DO NOT WRITE 17473 A JEAN ST. FORT MYERS, FL 33967 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PCD UHL, JANET L NAME U00000778161 17473 A JEAN ST. STREET ADDRESS 01/10/08-80035-024 150.00 CITY - ST - ZIP FORT MYERS, FL 33967 TITLE **VDS** UHL, DALE L NAME STREET ADDRESS 17473 A JEAN ST. FORT MYERS, FL 33967 CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

NAME STREET ADDRESS CITY ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECT OR

FILED