
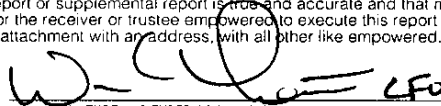


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90357 041 \*\*\*150.00

<b>DOCUMENT # P03000067184</b> 1. Entity Name ITERA USA, INC.					
Principal Place of Business 9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246			Mailing Address 9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152006    Chg-P    CR2E034 (11/05)	
4. FEI Number 20-0049177				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAX CO. 50 NORTH LAURA STREET SUITE 3300 JACKSONVILLE, FL 32202			Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	VPD KAVALIEROS, THEODOROS I 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nick Kavalieros 9995 Gate Parkway N. Ste 400 Jacksonville, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHATTIN, WILLIAM E 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, BOO Igor Makarov 9995 Gate Parkway N. Ste 400 Jacksonville, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FINKER, LAZAR S 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assist. Sect. Lisa Kavalieros 9995 Gate Parkway N. Ste 400 Jacksonville, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE FRENKEL, RAISSA M 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Kavalieros, Theodoros I. 9995 Gate Parkway N, Ste. 400 Jacksonville, FL 32246	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOEGLER, STEVEN C 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SISSELMAN, STEVEN M 9995 GATE PARKWAY N. STE 400 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	
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 empowered.					
SIGNATURE:  CFO VP			3/9/06 904-996-8800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		