
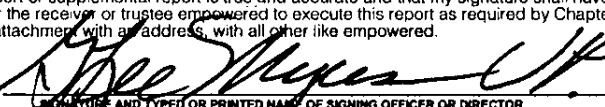


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P04000062592 1. Entity Name CIERA, INC. | |  |
| Principal Place of Business 2547 MARION COUNTY ROAD WEIRSDALE, FL 32195 | | Mailing Address 2547 MARION COUNTY ROAD WEIRSDALE, FL 32195 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MYERS, GARY L SR. 5452 GROVE MANOR LADY LAKE, FL 32159 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MYERS, GARY L JR. 2547 MARION COUNTY ROAD WEIRSDALE, FL 32195 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MYERS, GARY L SR. 5452 GROVE MANOR LADY LAKE, FL 32159 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 2-14-07 Daytime Phone: 352-259-0573 |



01182007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-1002398 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

U000000640837
02/28/07-80079-022 150.00

**DO NOT WRITE
IN THIS SPACE**