2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 30, 2007
Secretary of State

DOCUMENT# P05000082696

Entity Name: OUR TARA ESTATES, INC.

Current Principal Place of Business:

142-A NORTH HWY. 71
WEWAHITCHKA, FL 32465 US

New Principal Place of Business:

142 NORTH HWY 71
WEWAHITCHKA, FL 32465 US

Current Mailing Address:

142-A NORTH HWY. 71
WEWAHITCHKA, FL 32465 US

New Mailing Address:

225 LAND DRIVE
WEWAHITCHKA, FL 32465 US

FEI Number: 20-3022057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OEWNS, ANNA E
142-A NORTH HWY. 71
WEWAHITCHKA, FL 32465 US

Name and Address of New Registered Agent:

OWENS, BETTY ANN
225 LAND DRIVE
WEWAHITCHKA, FL 32465 US

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.

SIGNATURE: BETTY ANN OWENS 11/30/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: OWENS, D L
Address: 225 LAND DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: P ( ) Delete
Name: OWENS, BETTY ANN
Address: 225 LAND DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D (X) Delete
Name: OWENS, LIBBY
Address: 225 LAND DR
City-St-Zip: WEWAHITCHKA, FL 32465

Title: MD (X) Delete
Name: OWENS, ANNA E
Address: 142-A NORTH HWY. 71
City-St-Zip: WEWAHITCHKA, FL 32465 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY ANN OWENS PRES 11/30/2007
Electronic Signature of Signing Officer or Director Date