
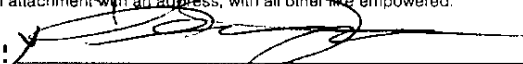


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90041 044 ***158.75

DOCUMENT # P06000047660 1. Entity Name D'ERA ENTERPRISES, INC.			
Principal Place of Business 4931 SOLIMARTIN DRIVE ORLANDO, FL 32837 US		Mailing Address 4931 SOLIMARTIN DRIVE ORLANDO, FL 32837 US	
2. Principal Place of Business - No P.O. Box # 13840 OSPREY LINKS RD.		3. Mailing Address P.O. BOX 452566	
Suite, Apt. #, etc. A 219		Suite, Apt. #, etc. 	
City & State ORLANDO, FL		City & State KISSIMEE, FL	
Zip 32837		Zip 3345	
Country 		Country US.	
4. FEI Number 204623702		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYALA, JONATHAN 4931 SOLIMARTIN DRIVE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13840 OSPREY LINKS RD. APT #219 City ORLANDO FL Zip 32837	
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  DATE 4/10/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYALA, JONATHAN 4931 SOLIMARTIN DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 13840 OSPREY LINKS RD. APT. 219 ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date 4/10/07 Daytime Phone # 407-235-8944	