

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049860

Entity Name: DERA, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

309 HARBOR DR
BELLEAIR BEACH, FL 33786 US

New Principal Place of Business:

Current Mailing Address:

309 HARBOR DR
BELLEAIR BEACH, FL 33789 US

New Mailing Address:

FEI Number: 65-0484500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX, GREGORY A
28050 US HW 19 N
STE 100
CLEARWATER, FL 34621 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADLER, LASZLO
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: DS () Delete
Name: GOMORY, GEORGE
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: DT () Delete
Name: KORDA, EDITH
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: D () Delete
Name: BALOG, JANOS
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: D () Delete
Name: BAZOKI, GEORGE
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: D () Delete
Name: SHAVITT, VERONICA
Address: 309 HARBOR DR
City-St-Zip: BELLEAIR BEACH, FL 33786 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:

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 for the exemption stated in Section 119.07(3)(i), 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: LASZLO ADLER

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date