

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90116 045 ***150.00

DOCUMENT # P94000034179

1. Entity Name
ITERA INTERNATIONAL ENERGY CORPORATION



Principal Place of Business
9995 GATE PKWY
STE 400
JACKSONVILLE, FL 32256 US

Mailing Address
9995 GATE PKWY N.
STE 400
JACKSONVILLE, FL 32246 US

50016356



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3243999

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRENKEL, RAISSA M
9995 GATE PKWY N.
STE 400
JACKSONVILLE, FL 32246

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCED ☐ Delete
NAME MAKAROV, IGOR
STREET ADDRESS 9995 GATE PKWY STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE VP ☐ Change ☒ Addition
NAME NICK KAVALIEROS
STREET ADDRESS 9995 GATE PARKWAY N. STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE VPD ☐ Delete
NAME KAVALIEROS, THEODOROS I
STREET ADDRESS 9995 GATE PKWY STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE D ☒ Change ☐ Addition
NAME Kavalieros, Theodoros I.
STREET ADDRESS 9995 GATE PKWY STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE VPCD ☐ Delete
NAME FRENKEL, RAISSA M.
STREET ADDRESS 9995 GATE PKWY STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE ASST. SECT. ☐ Change ☒ Addition
NAME LISA KAVALIEROS
STREET ADDRESS 9995 GATE PARKWAY N. STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE VPS ☐ Delete
NAME KOEGLER, STEVEN C
STREET ADDRESS 9995 GATE PKWY STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE VPSD ☒ Change ☐ Addition
NAME Koegler, Steven C.

TITLE VPT ☐ Delete
NAME SISSELMAN, STEVEN M
STREET ADDRESS 9995 GATE PKWY STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE VPTD ☒ Change ☐ Addition
NAME Sisselman, Steven M.

TITLE VP ☐ Delete
NAME FINKER, LAZAR S
STREET ADDRESS 9995 GATE PKWY STE 400
CITY-STATE-ZIP JACKSONVILLE, FL 32246

TITLE VPD ☒ Change ☐ Addition
NAME FINKER, LAZAR S.

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:

[Signature] VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

Date

904-996-8800

Daytime Phone #