


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90028 025 ***158.75

DOCUMENT # P99000076760		
1. Entity Name AMERA URBAN DEVELOPERS, INC.		

Principal Place of Business 2900 UNIVERSITY DR. CORAL SPRINGS, FL 33065	Mailing Address 2900 UNIVERSITY DR. CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01312008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0948355		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		7. Name and Address of New Registered Agent	
RAHAEL, GEORGE 2900 UNIVERSITY DR. CORAL SPRINGS, FL 33065		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAEL, GEORGE	NAME	
STREET ADDRESS	2900 UNIVERSITY DR.	STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAEL, GISELE	NAME	
STREET ADDRESS	2900 UNIVERSITY DR.	STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHAEL, PAULINE	NAME	
STREET ADDRESS	2900 UNIVERSITY DRIVE	STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Rahael, Michael
STREET ADDRESS		STREET ADDRESS	2900 University Drive
CITY - ST - ZIP		CITY - ST - ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 and other like empowered.

SIGNATURE: 	George Rahael, President	4/11/08	954-753-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #