2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000076760

Entity Name: AMERA URBAN DEVELOPERS, INC.

FILED Nov 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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2900 UNIVERSITY DR. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

2900 UNIVERSITY DR.

CORAL SPRINGS, FL 33065

2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

FEI Number: 65-0948355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAHAEL, GEORGE
2900 UNIVERSITY DR.
CORAL SPRINGS, FL 33065 US

RAHAEL, MICHAEL
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 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: MICHAEL RAHAEL 11/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 RAHAEL, GEORGE
 Name:
 RAHAEL, MICHAEL

 Address:
 2900 UNIVERSITY DR.
 Address:
 2900 UNIVERSITY DRIVE

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

 Address:
 2900 UNIVERSITY DR.
 Address:
 2900 UNIVERSITY DRIVE

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: VS () Delete Title: () Change () Addition

 Name:
 RAHAEL, PAÙLINE
 Name:

 Address:
 2900 UNIVERSITY DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 City-St-Zip:

Title: V (X) Delete Title: () Change () Addition

 Name:
 RAHAEL, MICHAEL
 Name:

 Address:
 2900 UNIVERSITY DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33065
 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: MICHAEL RAHAEL P 11/30/2009