

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002027

FILED
Feb 01, 2005
Secretary of State

Entity Name: AURORA FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1 SEINE COURT
SUITE 504
NEW ORLEANS, LA 70114

Current Mailing Address:

1 SEINE COURT
SUITE 504
NEW ORLEANS, LA 70114

New Principal Place of Business:

1 SEINE COURT
SUITE 504
NEW ORLEANS, LA 70114 US

New Mailing Address:

1 SEINE COURT
SUITE 504
NEW ORLEANS, LA 70114 US

FEI Number: 72-1435825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHARD, ERICA
3810 ISLAMORADA DRIVE
ORMOND BEACH, FL 32174 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: P () Delete
Name: HOLLINS, RICHARD H
Address: 1 SEINE COURT, SUITE 504
City-St-Zip: NEW ORLEANS, LA 70114

Title: WVCS () Delete
Name: WASHINGTON, PRESTON
Address: 1 SEINE COURT, SUITE 504
City-St-Zip: NEW ORLEANS, LA 70114

Title: C () Delete
Name: HOLLINS, RICHARD
Address: 1 SEINE COURT, SUITE 504
City-St-Zip: NEW ORLEANS, LA 70114

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:

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: PRESTON WASHINGTON

WVCS

02/01/2005

Electronic Signature of Signing Officer or Director

Date