## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # K82473  1. Entity Name LABELLE AURORA, INC.					:	94-28-2006 9017	76 019 '	***150.00		
Principal Place of Business Mailing Address			<del></del>		400	69558				
7601 M.L KI St. Petersi	33702-5200	!	i izanami da	r I form HEN gran HENG fin	eren eren er	en 2120 eren 212	wesi ti (Sa			
2. Principal Place of Business		3. Mailing Address		<u>-,-</u>						
Suite, Apt. #, etc.		Suite, Apt. #, ctc.			04222006	Chg-P	CR2E	034 (11/05)		
City & State		City & State			4. FEI Numb 59-295			<del></del>	oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	egistered	Agent		
HILLENBRAND, KATHERINE				Name HILLENBRAND KATHERINE						
10111 GANDY BLVD LOT #121 ST PETERSBURG, FL 33702			Street A	ddress (I	MERT	er is Not Acceptable)	<del>    </del>	2153		
			City					Zin Con		
8. The above named ontity submits this statement for the purpose of changing its registered office or regis					30		FI	_ ,	<u> 771</u>	
the obliga	tions of registered agent.	r the purpose of changing its r	egistered office o	r register	ed agent, or bo	th, in the State of Flor	nda.lam	tamiliar with,	and accept	
SIGNATURE.	Katterine Hellen Signature, typed or printed name of registered agent a	Crand	Registered Agent signal	ure required	when reinstating)		ysi DATE	121,	2006	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri	~ ~		00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AN	D DIRECTOR	S IN 11	
MLE	D	☐ Delate	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	PHILLIPS, GEORGE W. 8001 N. DALE MABRY HWY.		NAME CONCER ADDRESS							
CITY-ST-ZIP	TAMPA, FL		STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	ST HILLENBRAND, K. M.	Delete	TITLE NAME	ST	elenhan	IKM.		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	10111 GANDY BLVD BL #121 ST. PETERSBURG, FL		STREET ADDRESS CITY-ST-ZIP	710	O ULH	erton Ri	OAD	#21	53	
TITLE	P	☐ Delete	TITLE			<u> </u>		Change     Ch	Addition	
NAME STREET ADDRESS	EICHERBERGER, B. J. 10111 GANDY BLVD BL #121		NAME	Eic	helbug	MBS.		, -		
CITY-ST-ZIP	ST. PETERSBURG, FL		STREET ADDRESS CITY-ST-ZIP	110	ero F	- 3377	DAD	# 2	153	
TITLE		☐ Defete	IIRE		100, 1	<u> </u>		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME		Delete	TILLE					☐ Change	Addition	
STREET ADDRESS			name Street address							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	-,-		<del></del>		Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 eath; 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:

AND TYPED OR PRINTED NAME OF SHEWING OFFICER OR DIRECTOR