

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000072953

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: AURORA FIBER & COMMUNICATIONS CORP.

## Current Principal Place of Business:

6011 BENJAMIN RD  
SUITE 106  
TAMPA, FL 33634

## New Principal Place of Business:

## Current Mailing Address:

1207 NORTH HIMES AVENUE  
SUITE 6  
TAMPA, FL 33607

## New Mailing Address:

6011 BENJAMIN RD  
SUITE 106  
TAMPA, FL 33634

FEI Number: 59-3659165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, KEITH  
1207 NORTH HIMES AVENUE  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

VOILAND, TOM  
6011 BENJAMIN ROAD  
SUITE 106  
TAMPA, FL 33634 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: TOM VOILAND

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROBERTS, KEITH  
Address: 22251 WILLOW LAKES DRIVE  
City-St-Zip: LUTZ, FL 33549 US

Title: VP ( ) Delete  
Name: HENRIQUEZ, KEN  
Address: 18112 CRAWLEY ROAD  
City-St-Zip: ODESSA, FL 33556

Title: SEC ( ) Delete  
Name: HANKINS, STANLEY R JR.  
Address: 12413 PALM TREE DRIVE  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VOILAND, TOM  
Address: 4309 WEST ZELAR STREET  
City-St-Zip: TAMPA, FL 33629 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: ROBERTS, KEITH  
Address: 22251 WILLOW LAKES DRIVE  
City-St-Zip: LUTZ, FL 33549 US

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: KEITH ROBERTS

VP

02/25/2009

Electronic Signature of Signing Officer or Director

Date