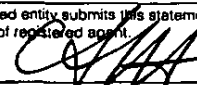
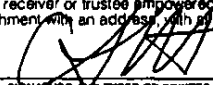


FILED
May 16, 2007 8:00 am
Secretary of State

4/21

04-25-2007 90175 015 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000084647			
1. Entity Name AURORA CARRIERS, INC.			
Principal Place of Business P. O. BOX 2490 JACKSONVILLE, FL 32203		Mailing Address P.O. BOX 2490 JACKSONVILLE, FL 32203	
2. Principal Place of Business - No P.O. Box # P.O. Box 6040		3. Mailing Address P.O. Box 6040	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Lakeland, FL	
Zip 32207		Zip 33807	
Country		Country	
4. FEI Number 20-0128792		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent MUNSON, CRAIG 4745 SUTTON PARK COURT #101 JACKSONVILLE, FL 32224		7. Name and Address of New Registered Agent 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:  DATE: 5-11-07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P. D ☐ De MUNSON, CRIAG A P. O. BOX 2490 JACKSONVILLE, FL 32203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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, with all other like empowered. SIGNATURE:  DATE: 5-11-07 DAYTIME PHONE: 904-504-7617 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66015162



04182007 Chg-P CR2E034 (12/06)

*please mail
to new address
P.O. Box 6040
Lakeland, FL
33807*