2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P05000045566 02-06-2006 90072 007 ***150.00 AURA EXECUTIVE CENTER, INC. Principal Place of Business Mailing Address DDUURIRU 695 CENTRAL AVENUE 695 CENTRAL AVENUE SUITE 150 ST. PETERSBURG FL 33701 SUITE 150 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SELLER PETER-Street Address (P.O. Box Number is Not Acceptable) 695 CENTRAL AVENUE SUITE 150 ST. PETERSBURG FL 33701 Zip Code City 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 SIGNATURE Signature. Typed or printed name of registered agent and title if applicable (NOTE: Repistered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00.) \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE PCEO NAME SELLER, PETER NAME STREET ADDRESS 695 CENTRAL AVENUE, SUITE 150 STREET ADORESS CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ■ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition ma s NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-772 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP upplied with this (ling does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information had report is truly and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director interest of the country of the same legal effect as if made under oath; that I am an officer or director interest of the country of the same legal effect as if made under oath; that I am an officer or director into the country of the same legal effect as if made under oath; that I am an officer or director of the country of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under I hereby certify that the information indicated on this report or supplient of the corporation or the received of changed, or on an attachment unit SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 27, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

AURA EXECUTIVE CENTER, INC. 695 CENTRAL AVENUE SUITE 150 ST. PETERSBURG, FL 33701

Subject: AURA EXECUTIVE CENTER, INC.

Reference Number:

1205000045566

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION