## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: WWW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Sep 05, 2006 8:00 am Secretary of State **DOCUMENT # P05000063773** 09-05-2006 90024 035 \*\*\*150.00 AURORA RESEARCH CENTERS, INC. 60038388 Principal Place of Business Mailing Address 4955 3RD AVE. N. 4955 3RD AVE. N. ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address 4955 311 AUT N 4955 3rd Suite, Apt. #, etc. 07192006 CR2E034 (11/05) Cha-P <del>St लि</del> - uo zsmaob City & State Applied For City & State 4. FEI Number St Reters burg, FL ✓ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wendy Dindas DUNDAS, WENDY Street Address (P.O. Box Number is Not Acceptable) 4955 3RD AVE. N. ST. PETERSBURG, FL 33710 AVE N 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Channe ☐ Addition TITLE ☐ Delete DUNDAS, WENDY NAME NAME 4955 3RD AVE. N. STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33710 CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72P TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED

727-460-1679