

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070649

Entity Name: AURORA THERAPEUTICS, INC.

FILED
Jun 22, 2006
Secretary of State

Current Principal Place of Business:

3131 SOURTH TAMIAMI TRAIL
SUITE 206
SARASOTA, FL 34239 US

Current Mailing Address:

3131 SOURTH TAMIAMI TRAIL
SUITE 206
SARASOTA, FL 34239 US

FEI Number: 20-2846396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3131 SOUTH TAMIAMI TRAIL
SUITE 206
SARASOTA, FL 34239 US

New Mailing Address:

3131 SOUTH TAMIAMI TRAIL
SUITE 206
SARASOTA, FL 34239 US

Name and Address of Current Registered Agent:

CLEMENTS, KATHERINE E N.D.
1843 S. TAMIAMI TRAIL
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLEMENTS, KATHERINE E N.D.
Address: 1843 S. TAMIAMI TRAIL
City-St-Zip: OSPREY, FL 34229 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHERINE CLEMENTS, N.D.

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06/22/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date