


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90025 027 ***150.00

DOCUMENT # P05000133434	
1. Entity Name AURUM VENTURES INC.	

Principal Place of Business 1910 WELLS ROAD ORANGE PARK, FL 32073	Mailing Address 1910 WELLS ROAD ORANGE PARK, FL 32073
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40091524



2. Principal Place of Business 1863 Wells rd Suite, Apt. #, etc. #104 City & State Orange Park FL Zip 32073 Country USA	3. Mailing Address 1863 Wells rd Suite, Apt. #, etc. #104 City & State Orange Park FL Zip 32073 Country USA
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05102006 Chg-P CR2E034 (11/05)

4. FEI Number 20-4403552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WADHWA, RAJA 1910 WELLS ROAD ORANGE PARK, FL 32073	7. Name and Address of New Registered Agent Name WADHWA, RAJA Street Address (P.O. Box Number is Not Acceptable) 1863 Wells rd. #104 City ORANGE PARK FL Zip Code 32073
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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: P. Rajawadhu DATE: 05/11/06

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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WADHWA, RAJA 1910 WELLS ROAD 1863 Wells rd, #104 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: P. Rajawadhu DATE: 05/11/06 (904)-333-5456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR