2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P06000017693

Entity Name: AURORA NURSES PROFESSIONAL REGISTRY, INC.

Current Principal Place of Business:

745 U.S. HIGHWAY ONE, #304
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

10475 RIVERSIDE DRIVE
SUITE 10
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

745 U.S. HIGHWAY ONE, #304
NORTH PALM BEACH, FL 33408

New Mailing Address:

10475 RIVERSIDE DRIVE
SUITE 10
PALM BEACH GARDENS, FL 33410

FEI Number: 20-4284238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLUSKY, ANNETTE
745 U.S. HIGHWAY ONE, #304
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

MCCLUSKY, ANNETTE
10475 RIVERSIDE DRIVE
SUITE 10
PALM BEACH GARDENS, FL 33410 US

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: 01/05/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCCLUSKY, ANNETTE
Address: 14057 GLENLYON CT.
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete
Name: GAINES, COLLEN E.
Address: 437 INLET RD.
City-St-Zip: N. PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: COLLEEN E. GAINES CFO 01/05/2007
Electronic Signature of Signing Officer or Director — Date