


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90003 013 \*\*\*158.75

<b>DOCUMENT # P06000104181</b>	
1. Entity Name <b>L' AURORA CREATIVE PAGES CORP.</b>	

Principal Place of Business <b>3741 SW SABATINI STREET PORT SAINT LUCIE, FL 34953 US</b>	Mailing Address <b>3741 SW SABATINI STREET PORT SAINT LUCIE, FL 34953 US</b>
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**40029938**



2. Principal Place of Business - No P.O. Box # <b>1074 S.W. Janar Avenue</b>	3. Mailing Address <b>1074 S.W. Janar Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State <b>Port Saint Lucie</b>	City & State <b>Port Saint Lucie</b>
Zip <b>FL</b>	Country <b>34953</b>
Zip <b>FL</b>	Country <b>34953</b>

4. FEI Number <b>20-5349620</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LAMADRID, ALEX 8320 W SUNRISE BLVD 202A PLANTATION, FL 33322</b>	
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7. Name and Address of New Registered Agent	
Name <b>David P. Nelson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1074 S.W. Janar Avenue</b>	
City <b>Port Saint Lucie</b>	Zip Code <b>FL 34953</b>

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 	<b>David P. Nelson</b>	<b>2/5/2007</b>
<small>Signature, type, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NELSON, KARLA A 3741 SW SABATINI STREET PORT SAINT LUCIE, FL 34953</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P / C / D Karla A. Nelson 1074 S.W. Janar Avenue Port Saint Lucie, FL 34953</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V / T / S / D David P. Nelson 1074 S.W. Janar Avenue Port Saint Lucie, FL 34953</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.	
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<b>SIGNATURE:</b> 	<b>Karla A. Nelson</b>	<b>2/5/2007</b>	<b>(772) 879-2604</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>