2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90045 028 ***150.00

DOCUMENT # P97000063490

1. Entity Name
AURORA INVESTMENTS II, INC.

Principal Place of Business	Mailing Address
~~1818 S AUSTRALIAN AVENUE, #410~~ ~~WEST PALM BEACH, FL 33409~~ PO BOX 108 FURLONG PA 18925	~~1818 S AUSTRALIAN AVENUE, #410~~ ~~WEST PALM BEACH, FL 33409~~ PO BOX 108 FURLONG PA 18925

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0797433
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEROLA, JAMES R ESQ.
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS, FL 33410

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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 Jane Brown 2/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	BROWN, JANE
STREET ADDRESS	PO BOX 108
CITY-ST-ZIP	FURLONG, PA 18925
TITLE	V
NAME	GINSBERG, RICHARD I
STREET ADDRESS	80 BELVEDERE DRIVE
CITY-ST-ZIP	SYOSSET, NY 11791
TITLE	S, T
NAME	BROWN, MARVIN M
STREET ADDRESS	PO BOX 108
CITY-ST-ZIP	FURLONG, PA 18925
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature], Treas 2/6/06 212-682-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #