2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURI (AN)					T	. I	FILED		
DOCUI 1. Entity Nam		Jul 26, 2005 08 Secretary of							
AUBREY	GROUP, INC.					Secre	tary or	Stati	
Principal Place of Business Mailing Address			. •				•		
5890 ENTERPRISE PARKWAY FORT MYERS FL 33905		5890 ENTERPRISE PARKWAY FORT MYERS FL 33905						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apt. #, etc			1s	t MOORE	CR2E034 (	10/04)	
City & State		City & State		4. FEI Numb	<sup>er</sup> 59-351159	91		oplied For ot Applicable	
Zip	Country	Zip	Ip Country		5. Certificate	of Status Desired		<b>3.75</b> Add e Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Ag	ent	
141.15	DEDLAAL ALIDDELALD		Name						
KUPERMAN, ANDREW D 7876 GARDNER DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
NAF	PLES FL 34109								
			City				FL	Zıp Cod	e
R The ahove	named entity submits this statement for	or the nurgose of changing its re	gistered office or	register	red agent, or bo	oth, in the State of I		niliar with.	and accept
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 Signature, tyred or printed name of registered agent and title if applicable (NOTE, Registered Agent signature, required when reinstating)  DATE									
i	ILE NOW!!! FEE IS \$150.00					9. Election Cam	paign Financing	\$5.	<b>00</b> May Be
	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department o					Trust Fund C			ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	,	ADDITIONS	/CHANGES TO O	EICERS AND D	RECTOR	SIN 11
utre	PVPS	☐ Delete	TITLE			/CHANGES TO 01 1/1000003 17/26/05-8	30003-025	Change 550	Addition
NAME STREET ADDRESS	KUPERMAN, ANDREW 7876 GARDNER DRIVE		NAME L'EREET AOORESS						
CITY-SI-ZIF	NAPLES FL 34109		CHY-SI-7IP						
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CITY+SE-ZIF			CHY ST-ZIP						
TITLE		☐ Delete	Hite					Сћапде	Addition
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STREET ADDRESS CITY: ST-ZIP			CIFY SE ZIP						
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NAME			NAME						
STREET ADDRESS OFFICER STUDIES			STREET ADDRESS CITY-ST-ZIP						
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NAME		<u></u>	NAME				_		<del></del>
STREET ADDRESS			SERFFLADORESS CHY-ST-ZIP						
CITY+S1-ZIP			1	ļ <del>.</del>				Change	Addition
THUE NAME		☐ Deiele	NAME				L	_ change	
STREET ADDRESS			CHREET ADDRESS						
CITY-Si-ZIP	<u> </u>		CHY-ST-ZIP				16 d		,
12. Thereby of indicated of the corporated	certify that the information supplied wit i on this report or supplemental report poration or the receiver or trustee emr , or on an attachment with an address,	th this filing does not qualify for this true and accurate and that my bowered to execute this report as with all other like empowered.	he exemption state signature shall he s required by Cha	ted in Se lave the apter 607	ection 119.07(3) same legal effe 7, Florida Statut	<ul><li>(i), Florida Statute ot as if made under es; and that my na</li></ul>	s. I turther certify or oath, that I am me appears in E	that the in an officer Block 10 o	ntormation or director Block 11 if
l Stranger		71 /							

Daytme Phone #

Date

SICNATURE AND TYPED OR PRINTED WAY OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_