

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66960

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: AURORA-SCHMITT ASSOCIATES, INC.

## Current Principal Place of Business:

4329 N. PALM FOREST DR.  
DELRAY BEACH, FL 33445 US

## New Principal Place of Business:

## Current Mailing Address:

738 SMITHTOWN BYPASS  
SMITHTOWN, NY 11787 US

## New Mailing Address:

FEI Number: 59-3144534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHREY, JOHN  
4329 N. PALM FOREST DR.  
DELRAY BEACH, FL 33445 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: VAIRO, RICHARD  
Address: 3 TINKER BLUFF CT  
City-St-Zip: EAST SETAUKET, NY 11733

Title: DS ( ) Delete  
Name: BRENNER, GUY  
Address: 720 THIRD ST. P  
City-St-Zip: RONKONKOMA, NY

Title: V (X) Delete  
Name: SCHREY, JOHN  
Address: 4329 N PALM FOREST DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: SCHREY, JOHN  
Address: 4329 N. PALM FOREST DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN SCHREY

VP

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date