

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111112

Entity Name: GLOBAL NURSING SOLUTIONS, INC.

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

635 WEST HIGHWAY 50, STE E
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 1739
MINNEOLA, FL 34755

New Mailing Address:

FEI Number: 56-2403875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASEY, IMKE
10613 LAKE GARY RD
CLERMONT, FL 34714 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: MRS. () Delete
Name: CASEY, IMKE
Address: 10613 LAKE GARY RD
City-St-Zip: CLERMONT, FL 34714

Title: MR. () Delete
Name: CASEY, JAMES J JR
Address: 10613 LAKE GARY RD
City-St-Zip: CLERMONT, FL 34714

Title: MRS. (X) Delete
Name: POLANETZKI, WIEBKE
Address: 10613 LAKE GARY RD
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: IMKE CASEY

PRES

01/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date