2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# P15746

Entity Name: NURSEFINDERS, INC.

Current Principal Place of Business:

1701 E LAMAR BLVD
#200
ARLINGTON, TX 76006 US

New Principal Place of Business:

Current Mailing Address:

1701 E LAMAR BLVD
#200
ARLINGTON, TX 76006 US

New Mailing Address:

FEI Number: 75-1473273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: LIVONIUS, ROBERT
Address: 1701 E LAMAR BLVD #200
City-St-Zip: ARLINGTON, TX 76006

Title: CD ( ) Delete
Name: MARCY, RAY
Address: 11533 N FRANKVIEW DR
City-St-Zip: MEQUON, WI 53092

Title: D ( ) Delete
Name: ANDREWS, DAVID
Address: ONE EMBARCADERO CNETER, STE 2750
City-St-Zip: SAN FRANCISCO, CA 94111

Title: ST (X) Delete
Name: FRIEDRICK, CHRIS
Address: 1701 EAST LAMAR BLVD #200
City-St-Zip: ARLINGTON, TX 76006

Title: AS (X) Delete
Name: WENDT, PAMELA
Address: 1701 E LAMAR BLVD #200
City-St-Zip: ARLINGTON, TX 76006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: FRIEDRICHS, CHRIS
Address: 1701 E LAMAR BLVD #200
City-St-Zip: ARLINGTON, TX 76006

Title: T (X) Change ( ) Addition
Name: MCCOLPIN, PATRICK
Address: 1701 E LAMAR BLVD #200
City-St-Zip: ARLINGTON, TX 76006

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 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: CHRIS FRIEDRICHS S 04/21/2006

Electronic Signature of Signing Officer or Director Date