


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90072 044 ***150.00

DOCUMENT # P19687


1. Entity Name
**TRANSWORLD HOME HEALTHCARE - NURSING
DIVISION, INC.**



Principal Place of Business 555 MADISON AVENUE 30TH FLOOR NEW YORK, NY 10022	Mailing Address 555 MADISON AVENUE 30TH FLOOR NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE

3000



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2853420	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	VP EAMES, SARAH L 555 MADISON AVE., 30TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ABBASSI, MARVET 555 MADISON AVENUE, 30TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C AITKEN, TIMOTHY 555 MADISON AVE., 30TH FLOOR NEW YORK, NY 10022
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Marvet Abbassi 1/4/06 212-750-0164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #