

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000098

FILED
Jun 27, 2006
Secretary of State

Entity Name: PROGRESSIVE NURSING TRAVEL, INC.

Current Principal Place of Business:

7001 KILWORTH LANE
SPRINGFIELD, VA 221513900

New Principal Place of Business:

5531 HEMPSTEAD WAY
SUITE B
SPRINGFIELD, VA 22151 US

Current Mailing Address:

7001 KILWORTH LANE
SPRINGFIELD, VA 221513900

New Mailing Address:

5531 HEMPSTEAD WAY
SUITE B
SPRINGFIELD, VA 221513900 US

FEI Number: 54-1991232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUGHES, JOHN G
Address: 901 15TH STREET SOUTH, #1608
City-St-Zip: ARLINGTON, VA 22202

Title: TSD () Delete
Name: NARRON, JAMES
Address: 103 BOYDTON PLANK DRIVE
City-St-Zip: STEPHENS CITY, VA 22655

Title: CFO (X) Delete
Name: KIMBELL, DAVID
Address: 11440 ROBERT STEVENS DRIVE
City-St-Zip: FAIRFAX STATION, VA 22039

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 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: JAMES E. NARRON

TS

06/27/2006

Electronic Signature of Signing Officer or Director

Date