


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000004956</b> 1. Entity Name <b>E &amp; R MEDICAL PERSONNEL AND NURSES REGISTRY, INC.</b>	
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Principal Place of Business <b>91 HEMLOCK HILL SOUTH FAIRFIELD, CT 06824</b>	Mailing Address <b>91 HEMLOCK HILL SOUTH FAIRFIELD, CT 06824</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01032006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-1782212</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>VAN ALSTINE, MARY 8320 MURFIELD PT ST LUCIE, FL 34986</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTC VAN ALSTINE, MARY 91 HEMLOCK HILL SO FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPVC VAN ALSTINE, JAMES 91 HEMLOCK HILL SO FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VAN ALSTINE, JAMES 91 HEMLOCK HILL SO FAIRFIELD, CT 06824
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<p>000000377553 01/10/06-80002-015 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b> <u>Mary Van Alstine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/4/06</u> <small>Date</small>	<u>203 254 0632</u> <small>Daytime Phone #</small>
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